



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90066 009 ****61.25

DOCUMENT # N97000001221 1. Entity Name MIZNER LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6421 CONGRESS AVE 110 BOCA RATON, FL 33487			Mailing Address 6421 CONGRESS AVE 110 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd.		3. Mailing Address 11784 W. Sample Rd.			
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State Coral Springs FL		City & State Coral Springs FL			
Zip 33065		Zip 33065			
Country USA		Country USA		4. FEI Number 65-0823448	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AKAM SOUTH INC 6421 CONGRESS AVE 110 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd #103 City Coral Springs FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Renie Kattarios VP Finance United Community Mgmt 7/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERSCHTAL, DAVID 325 MIZNER LAKE ESTATES BLVD BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROSEN, LESLIE 307 MIZNER LAKE ESTATES BLVD BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, MICHAEL 355 MIZNER LAKE ESTATES BLVD BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Herbert Raiffe 319 Mizner Lake Estates Dr. Boca Raton, FL 33432-5517	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Raiffe Herbert 319 mizner LAKE Est. Dr Boca Raton, FL 33432-5517	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Herbert Raiffe SECTY.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>7-26-07</u> <small>Daytime Phone #</small>	