

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001221

FILED
Mar 14, 2009
Secretary of State

Entity Name: MIZNER LAKE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11784 W. SAMPLE RD
#103
CORAL SPRING, FL 33065

New Principal Place of Business:

Current Mailing Address:

11784 W. SAMPLE RD
#103
CORAL SPRING, FL 33065

New Mailing Address:

FEI Number: 65-0823448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGT CORP9
11784 W. SAMPLE RD #103
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERSCHTAL, DAVID
Address: 325 MIZNER LAKE ESTATES BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: VPS () Delete
Name: ROSEN, LESLIE
Address: 307 MIZNER LAKE ESTATES BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: T () Delete
Name: RAIFFE, HERBRET
Address: 319 MIZNER LAKES ESTATES DR
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERSCHTAL, DAVID
Address: 325 MIZNER LAKE ESTATES BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: VPD (X) Change () Addition
Name: ROSEN, LESLIE
Address: 307 MIZNER LAKE ESTATES BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: STD (X) Change () Addition
Name: RAIFFE, HERBRET
Address: 319 MIZNER LAKES ESTATES DR
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PALMER

AGT

03/14/2009

Electronic Signature of Signing Officer or Director

Date