

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90013 050 ****61.25

DOCUMENT # N97000004435					
1. Entity Name MIZNER VILLAGE AT HERON BAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 75 NORTHEAST 6TH AVE DELRAY BEACH, FL 33483 US			Mailing Address 75 NORTHEAST 6TH AVE DELRAY BEACH, FL 33483 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0778473	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESTEBANEZ, ERIC 75 NORTHEAST 6TH AVE DELRAY BEACH, FL 33483			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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 May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES IOVINE, SCOTT 5843 NW 123RD AVE CORAL SPRINGS, FL 33076	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> President Gary Reiss P.O. Box 9166 Pompano Beach, FL 33076-0000 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANN, ROSEMARY 5918 NW 123 AVE CORAL SPRINGS, FL 33076	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LAZAROWITZ, LES 5928 NW 123RD AVE CORAL SPRINGS, FL 33076	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LYNAM, LARRY 5824 NW 122 AVE CORAL SPRINGS, FL 33076	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BATA, JEANNINNE 5825 NW 122 DR. CORAL SPRINGS, FL 33076	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> sec </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
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: _____ 2-20-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					