2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Michael Donne Hy, President

DOCUMENT # N97000006371 MIZNER COUNTRY CLUB, INC. FILED 04 APR 26 PH 3: 33 Principal Place of Business Mailing Address 16100 ONE MILE ROAD 3103 PHILMONT AVENUE SECRETARY CE STATE TALLAMASCEL, FLORIDA DELRAY BEACH, FL 33446 **HUNDINGTON VALLEY, PA 19006** 2. Principal Place of Business 3. Mailing Address 16104 Mizner Club Drive Suite, Apt. #, etc. Suite, Apt, #, etc. 04052004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 23-2970622 City & State Applied For Delray Beach, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33446 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System CAMPBELL PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable 1200 South Pine Island Road 1215 E HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 City Zip Code 33324 Plantation FI 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, CONNIE BRYAN SPECIAL ASSISTANT SECRETARY April 26, 2004 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE ☐ Addition DONNELLY, MICHAEL NAME NAME 05/06/04--01068--025 **61.25 5300 W. ATLANTIC AVE., SUITE 300 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE DST ☐ Delete TITI F ☐ Change ☐ Addition NAME PEASE, JOSEPH NAME STREET ADDRESS 5300 W. ATLANTIC AVE., SUITE 300 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE Delete TITLE DV ☐ Change X Addition FORDHAM, ROBERT NAME NAME Gary Rosmarin STREET ADDRESS 5300 W. ATLANTIC AVE., SUITE 300 STREET ADDRESS 3370 Grande Corniche CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33484 <u> Palm Beach Gardens, FL 33410</u> Delete TITLE TITLE ☐ Change Addition FORDHAM, ROBERT NAME NAME STREET ADDRESS 5300 W. ATLANTIC AVE. SUITE 300 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33484 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attacyment with an address, with all other like empowered. **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE DIRECTOR Daytime Phone