


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000004143	
1. Entity Name VIA MIZNER MASTER MAINTENANCE ASSOCIATION, INC.	

Principal Place of Business 798 SOUTH FEDERAL HIGHWAY SUITE 100 BOCA RATON, FL 33432	Mailing Address P O DRAWER 40 BOCA RATON, FL 33429
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MACLAREN, LINDA O 798 SOUTH FEDERAL HIGHWAY SUITE 100 BOCA RATON, FL 33432
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, RAY C 798 SOUTH FEDERAL HWY SUITE 100 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUBIN, BILL 2300 CORPORATE BOULEVARD N W SUITE 238 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JONES, WENDY H 798 SOUTH FEDERAL HWY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000395800  
01/27/06-80007-011 61.25

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: Wendy H. Jones 1/19/06 561-895-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #