

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 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



01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MACLAREN, LINDA O  
798 SOUTH FEDERAL HIGHWAY  
SUITE 100  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |  |
|----------------|--|
| TITLE          | D                                      |
| NAME           | OSBORNE, RAY C                         |
| STREET ADDRESS | 798 SOUTH FEDERAL HWY SUITE 100        |
| CITY-ST-ZIP    | BOCA RATON, FL 33432                   |
| TITLE          | D                                      |
| NAME           | SHUBIN, BILL                           |
| STREET ADDRESS | 2300 CORPORATE BOULEVARD N W SUITE 238 |
| CITY-ST-ZIP    | BOCA RATON, FL 33431                   |
| TITLE          | PSD                                    |
| NAME           | JONES, WENDY H                         |
| STREET ADDRESS | 798 SOUTH FEDERAL HWY                  |
| CITY-ST-ZIP    | BOCA RATON, FL 33432                   |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

U00000624069  
02/14/07-80017-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07  
Date

561-395-1200  
Daytime Phone #