

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004143

1. Entity Name
**VIA MIZNER MASTER MAINTENANCE ASSOCIATION,
INC.**



Principal Place of Business Mailing Address
**798 SOUTH FEDERAL HIGHWAY
SUITE 100
BOCA RATON, FL 33432** **P O DRAWER 40
BOCA RATON, FL 33429**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
NOT APPLICABLE 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**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/08-80032-003 61.25

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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 Pres. 2/6/08 561-3951100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #