


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

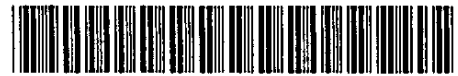
FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 019 ****70.00

DOCUMENT # N99000000977		
1. Entity Name MIZNER GRAND CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 500 SE 5TH AVENUE BOCA RATON FL 33432	Mailing Address 500 SE 5TH AVENUE BOCA RATON FL 33432
---	---

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent HANDLER, HENRY WEISS AND HANDLER 2265 GLADES ROAD SUITE 218 A BOCA RATON FL 33436		7. Name and Address of New Registered Agent Name SACHS SAK KLEIN Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD - Suite 4150 BOCA RATON City SPENCER SAK FL Zip Code 33431	
---	--	--	--

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 reconstituting) DATE _____

FILE NOW: 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	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMANN, LINDA 550 SE 5 AVE 10055 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLMAN, CINDA 400 SE 54TH AVE 804 N BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTANTI, VINCENT 500 SE S AVE., #3025 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, HAROLD 550 SE 5TH AVE., # 904 S BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR CHARLES GREENBERG 550 SE 5TH AVE 604 SOUTH BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, DANIEL 550 SE S AVE., #6055 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER RICHARD SOMMER 400 SE 5AVE 303N BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, ROBERT 500 SE 5TH AVE, 901 S BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Linda Baumann*

3/7/06