


2005 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

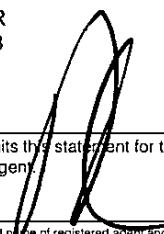
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DOCUMENT # P98000063578	
1. Entity Name MIZNER TRAIL GOLF CLUB, INC.	

Principal Place of Business 22689 CAMINO DEL MAR BOCA RATON, FL 33433	Mailing Address 22689 CAMINO DEL MAR BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE

	
07072005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 65-0936108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLISS, PHILIP E 22689 CAMINO DEL MAR BOCA RATON, FL 33433	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

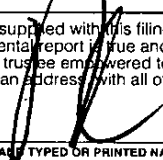
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, PHILIP E 22689 CAMINO DEL MAR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOCHNA, GERALD M 2095 NW 30TH RD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

700058536877
08/12/05--01055--016 **\$76.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 961-750-0907
Date Daytime Phone #