


2007

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90029 011 ***150.00

DOCUMENT # P98000077109	
1. Entity Name Mizner Oaks, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 171 Glades Rd.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton, FL	City & State
Zip 33432	Country

40095466

CR2E034B (8/05)

4. FEJ Number 65-0862932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE****7. Name and Address of Current Registered Agent**Name **Cortlandt Schuyler**

Street Address (P.O. Box Number is Not Acceptable)

171 Glades Rd.

City **Boca Raton, FL** Zip Code **33432****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

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Schuyler, Cortlant 171 Glades Rd. Boca Raton, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #