

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750954

**Entity Name:** MIRAMAR HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**MIRAMAR LANE  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**P.O. BOX 14531  
NORTH PALM BEACH, FL 33408 US**FEI Number: 59-2144524****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PALM BEACH BOOKKEEPING & BUS. SOLUTIONS  
808 COUNTRY CLUB DRIVE  
NORTH PALM BEACH, FL 33408 US*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.***SIGNATURE: ELIZABETH DOWDY****04/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | PRESIDENT                   |
| Name            | ZELINSKI, JASON             |
| Address         | MIRAMAR LANE                |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | GONZALEZ, ALEXANDRA   |
| Address         | MIRAMAR LANE          |
| City-State-Zip: | PALM BEACH G FL 33410 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | SECRETARY                   |
| Name            | ABRISHAMI, MICHELLE         |
| Address         | MIRAMAR LANE                |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | TREASURER                   |
| Name            | BLACK, JAMES                |
| Address         | MIRAMAR LANE                |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | LOWE, TRACI                 |
| Address         | MIRAMAR LANE                |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JASON ZELINSKI****PRESIDENT****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date