

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000532

Entity Name: MIZNER'S PRESERVE HOMEOWNERS ASSOCIATION, INC.**FILED**
May 08, 2020
Secretary of State
7300311917CC**Current Principal Place of Business:**SUPERIOR ASSOCIATION MANAGEMENT
20283 STATE ROAD 7 SUITE 219
BOCA RATON, FL 33498**Current Mailing Address:**SUPERIOR ASSOCIATION MANAGEMENT
20283 STATE ROAD 7 SUITE 219
BOCA RATON, FL 33498 US**FEI Number:** 65-1046463**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPLAN, LOUIS
C/O SACHS, SAX, CAPLAN
6111 BROKEN SOUND PARKWAY NW, SUITE 200
BOCA RATON, FL 33487 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SALAMON, IRA
Address	6364 D'ORSAY CT
City-State-Zip:	DELRAY BEACH FL 33484

Title	VP
Name	STOPEK, RICHARD
Address	6311 VIA VENETIA N
City-State-Zip:	DELRAY BEACH FL 33484

Title	S
Name	KAYAL, JENNIFER
Address	6060 VIA VENETIA S
City-State-Zip:	BOCA RATON FL 33484

Title	TREASURER
Name	YOUNG, JAMES
Address	16420 VIA VENETIA E
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	RUSSO, ROBERT
Address	6080 VIA VENETIA S
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	COHEN, JUDY
Address	6032 VIA VENETIA N
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	SIDELL, MOSS
Address	6241 VIA VENETIA N
City-State-Zip:	DELRAY BEACH FL 33484

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: IRA SALAMON**PRESIDENT****05/08/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date