

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000532

Entity Name: MIZNER'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

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 VP
Name STOPEK, RICK
Address 6311 VIA VENETIA NORTH
City-State-Zip: DELRAY BEACH FL 33484

Title S
Name KAYAL, JENNIFER
Address 6060 VIA VENETIA S
City-State-Zip: BOCA RATON FL 33498

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

Title DIRECTOR
Name MORTON, BRADLEY
Address 6395 D'ORSAY CT
City-State-Zip: DELRAY BEACH FL 33484

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

Title D
Name LITMAN, JEFF
Address 16501 VIA VENETIA E
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name THORNE, LEWIS E
Address 6324 DORSAY COURT
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: STOPEK, RICK

VP

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date