

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762619

1. Entity Name

CONDOMINIUM OFFICERS' ASSOCIATION OF SINGER ISLA

Principal Place of Business

5460 N OCEAN DR  
PH A  
RIVIERA BCH 33404  
US

Mailing Address

5200 N OCEAN DR  
18-D  
RIVIERA BCH FL 33404-2659  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINER, MARVIN  
5200 N OCEAN DR  
18-D  
RIVIERA BCH FL 33404

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME MILLER, NANN  
STREET ADDRESS 5510 N OCEAN DR #300-D  
CITY-ST-ZIP RIVIERA BCH FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME REINER, MARVIN L  
STREET ADDRESS 5200 N OCEAN DR 18D  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MONZIANO, ELIZABETH  
STREET ADDRESS 3400 N OCEAN DR PH A  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MANZIANO, ELIZABETH  
STREET ADDRESS 3400 N OCEAN DR #PH-A  
CITY-ST-ZIP RIVIERA BCH FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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 RECORDED

Date

Daytime Phone #

FILED  
Jan 14, 2000 8:00 am  
Secretary of State

01-14-2000 90048 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0044011  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (9/99)