

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00005 (1)
1. Corporation Name
THE MARINER VILLAGE COMMUNITY ASSOCIATION INC.



Principal Place of Business: **C/O MIAMI MANAGEMENT, P.O. BOX 801338, AVENTURA FL 33280**
Mailing Address: **C/O MIAMI MANAGEMENT, P.O. BOX 801338, AVENTURA FL 33280**

3. Date Incorporated or Qualified: **11/18/1983**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2513712**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 C/o Miami Management, 20803 Biscayne Blvd., Ste. 203, Aventura FL 33180**
2a. Mailing Address: **26 C/O Miami Management, 20803 Biscayne Blvd., Ste. 203, Aventura FL 33180**
22. Suite, Apt. #, etc.: **20803 Biscayne Blvd., Ste. 203**
27. Suite, Apt. #, etc.: **20803 Biscayne Blvd., Ste. 203**
23. City & State: **Aventura FL 33180**
28. City & State: **Aventura FL 33180**
24. Zip: **33180**
25. Country: **FL**
29. Zip: **33180**
30. Country: **FL**

9. Name and Address of Current Registered Agent: **SINDALL, CHRISTIAN, 21066 NE 34TH AVENUE, AVENTURA FL 33180**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL**
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SINDALL, CHRISTIAN		1.2 NAME:	
STREET ADDRESS: 21066 NE 34TH AVENUE		1.3 STREET ADDRESS:	
CITY-ST-ZIP: AVENTURA FL		1.4 CITY-ST-ZIP:	
TITLE: TV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ADELSON, MARK		2.2 NAME:	
STREET ADDRESS: 3525 MAGELLAN CIRCLE #623		2.3 STREET ADDRESS:	
CITY-ST-ZIP: AVENTURA FL		2.4 CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> DELETE	3.1 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAYRA, CAMPOS		3.2 NAME: CAMPOS, MAYRA	
STREET ADDRESS: 21075 NE 34TH AVENUE #304		3.3 STREET ADDRESS: 21075 NE 34th AVENUE #304	
CITY-ST-ZIP: AVENTURA FL		3.4 CITY-ST-ZIP: Aventura FL 33180	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOISES, KAPLAIN		4.2 NAME:	
STREET ADDRESS: 20940 BAY CT #335		4.3 STREET ADDRESS:	
CITY-ST-ZIP: AVENTURA FL		4.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ROTHAL, RICHARD		5.2 NAME: Mastronardi, Nicholas	
STREET ADDRESS: 3510 MAGELLAN CIRCLE, #275		5.3 STREET ADDRESS: 3564 MAGELLAN CIRCLE #216	
CITY-ST-ZIP: AVENTURA FL		5.4 CITY-ST-ZIP: Aventura fl 33180	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME: Di Santi Chuck	
STREET ADDRESS:		6.3 STREET ADDRESS: 3565 Magellan Circle #131	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: Aventura FL 33180	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christian Sindall* **Christian Sindall** 4/22/96
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)