

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00005 (1)**

1. Corporation Name  
**THE MARINER VILLAGE COMMUNITY ASSOCIATION INC.**



Principal Place of Business C/O MIAMI MANAGEMENT 20603 BISCAYNE BLVD SUITE 203 AVENTURA FL 33180 US	Mailing Address C/O MIAMI MANAGEMENT 20603 BISCAYNE BLVD SUITE 203 AVENTURA FL 33180-1429 US
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3. Date Incorporated or Qualified <b>11/18/1983</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business <b>21 Miami Management, Inc</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22 14275 SW. 142 Avenue</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miami FL 33186</b>	City & State <b>28</b>
Zip <b>24 33186</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

4. FEI Number <b>59-2513712</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SINDALL, CHRISTIAN</b>
STREET ADDRESS	<b>21066 NE 34TH AVENUE</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHUCK, DI SANTI</b>
STREET ADDRESS	<b>3565 MAGELLAN CIRCLE #131</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>MAYRA, CAMPOS</b>
STREET ADDRESS	<b>21075 NE 34TH AVENUE #304</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOISES, KAPLAIN</b>
STREET ADDRESS	<b>20940 BAY CT #335</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MASTRONARDI, NICHOLAS</b>
STREET ADDRESS	<b>2564 MAGELLAN CIRCLE #216</b>
CITY-ST-ZIP	<b>AVENTURA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Pappas, Christopher</b>
2.3 STREET ADDRESS	<b>3565 Magellan Circle #334</b>
2.4 CITY-ST-ZIP	<b>Aventura FL 33180</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Solomon, Gabriel</b>
5.3 STREET ADDRESS	<b>3540 Magellan Cir. #512</b>
5.4 CITY-ST-ZIP	<b>Aventura FL 33180</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: **GINN REQUIRED** 09/17/97

SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ Daytime Phone # 0033429

CR2E037 (9/96)