


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90004 041 \*\*\*\*61.25

0028319

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00005**

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

Principal Place of Business C/O MIAMI MANAGEMENT 14275 S.W. 142 AVE MIAMI FL 33186 IIS	Mailing Address C/O MIAMI MANAGEMENT 14275 S.W. 142 AVE MIAMI FL 33186 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/18/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2513712
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  MIAMI MANAGEMENT 14275 S.W. 142 AVE. MIAMI FL 33186	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <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	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	2565 MAGELLAN CIR., #334	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYRA, CAMPOS	3.2 NAME	
STREET ADDRESS	21075 NE 34TH AVENUE #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEL, MELISSA	4.2 NAME	
STREET ADDRESS	20900 Leeward Ct # 213	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, GABRIEL	5.2 NAME	
STREET ADDRESS	3540 MAGELLAN CIR., #512	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 Date: 4/22/99 Daytime Phone # \_\_\_\_\_

CR2E037 (1/1/98)