

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90013 029 ****61.25

DOCUMENT # N00005

1. Entity Name

THE MARINER VILLAGE COMMUNITY ASSOCIATION INC.

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT
 14275 S.W. 142 AVE
 MIAMI FL 33186
 US

C/O MIAMI MANAGEMENT
 14275 S.W. 142 AVE
 MIAMI FL 33186-6715
 US

00001016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2513712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI MANAGEMENT
 14275 S.W. 142 AVE.
 MIAMI FL 33186

Name

DENNIS ERSINGER

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

4000 HOLLYWOOD BLVD #265

City

Hollywood

FL

Zip Code

33021

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-00

**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 Delete
 NAME **VPD SINDALL, CHRISTIAN**
 STREET ADDRESS **21066 NE 34TH AVENUE**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P PAPPAS, CHRISTOPHER**
 STREET ADDRESS **2565 MAGELLAN CIR., #334**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD MAYRA, CAMPOS**
 STREET ADDRESS **21075 NE 34TH AVENUE #304**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD NADEL, MELISSA**
 STREET ADDRESS **20900 LEEWAID CT, #213**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SOLOMON, GABRIEL**
 STREET ADDRESS **3540 MAGELLAN CIR., #512**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D JACK KEAVEL**
 STREET ADDRESS **21011 N.E. 34th Ave**
 CITY-ST-ZIP **AVENTURA, FL 33180**

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: X *[Handwritten Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)