

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90264 027 \*\*\*\*61.25

**DOCUMENT # N00005**  
 1. Entity Name  
**THE MARINER VILLAGE COMMUNITY ASSOCIATION INC.**



Principal Place of Business  
**3300 UNIVERSITY DR.  
 # 405  
 CORAL SPRINGS, FL 33065 US**

Mailing Address  
**3300 UNIVERSITY DR.  
 # 405  
 CORAL SPRINGS, FL 33065 US**

**44026174**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03252004 Chg-NP CR2E037 (10/03)

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**  
**UNITED COMMUNITY MGMT CORP  
 3300 UNIVERSITY DR # 405  
 CORAL SPRINGS, FL 33065**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	KRAVEC, JACK	
STREET ADDRESS	21011 NE 34 PLACE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARHEM, PATRICK	
STREET ADDRESS	21085 NE 34 AVE #102	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D PD	<input type="checkbox"/> Delete
NAME	SCHISELMAN, MICHAEL	
STREET ADDRESS	3510 MAGELLAN CIRCLE #721	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PAPPAS, CHRISTOPHER L	
STREET ADDRESS	3565 MAGELLAN CIRCLE #334	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, ROBIN	
STREET ADDRESS	20908 LEEWARD CT 238	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tickner, Guy	
STREET ADDRESS	3540 Magellan Circle #615	
CITY-ST-ZIP	N. Miami Beach, FL 33180	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldman, Robyne	
STREET ADDRESS	20908 Leeward Court #238	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_