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55 MAY -1 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N06511 (2)**

1. Corporation Name
MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**670 MIAMI MANAGEMENT INC.
POST OFFICE BOX 601808
AVENTURA FL 33280-8308**

**OYO MIAMI MANAGEMENT INC.
POST OFFICE BOX 601808
AVENTURA FL 33280-8308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/05/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2517293** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **Summit Prop. Mgmt.** 26 **P.O. Box 189013**

22 **P.O. Box 189013** 27

23 **Plantation FL** 28 **Plantation, FL**

24 **33318** 25 **USA** 29 **33318** 30 **USA**

9. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	WEISBERG, JAY
STREET ADDRESS	3539 MAGELLAN CIRCLE #322
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	SCHULMAN, STUART
STREET ADDRESS	3571 MAGELLAN CIRCLE #341
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	SOLOMON, GABRIEL
STREET ADDRESS	3540 MAGELLAN CIRCLE #512
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	VD
NAME	PAPPAS, CHRISTOPHER DG
STREET ADDRESS	3565 MAGELLAN CIRCLE, #334
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	PD
NAME	YARIV, DIANNE
STREET ADDRESS	3510 MAGELLAN CIR
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	SD
NAME	SCHISSELMAN, ROBERTA
STREET ADDRESS	3565 MAGELLAN CIRCLE, #332
CITY - ST - ZIP	N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Adelson	
1.3 STREET ADDRESS	3525 Magellan Circle, # 623	
1.4 CITY - ST - ZIP	N. Miami Beach, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rick Rothal	
3.3 STREET ADDRESS	3510 Magellan Circle, #125	
3.4 CITY - ST - ZIP	N. Miami, FL 33180	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Diana Miel	
4.3 STREET ADDRESS	3525 Magellan Circle, #622	
4.4 CITY - ST - ZIP	N. Miami, FL	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nancy Appleton	
5.3 STREET ADDRESS	710 NE 126 St., #122	
5.4 CITY - ST - ZIP	N. Miami, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lenny Cohen	
6.3 STREET ADDRESS	3564 Magellan Circle, # 213	
6.4 CITY - ST - ZIP	N. Miami, 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rick Rothal* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #