

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06511** (2)

1. Corporation Name

**MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

SUMMIT PROP MGT  
P O BOX 189013  
PLANTATION FL 33318  
US

P O BOX 189013  
POST OFFICE BOX 801338  
PLANTATION FL 33318  
US

3. Date Incorporated or Qualified **12/05/1984** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2517293		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Summit Prop. Mgmt.**  
82 Street Address (P.O. Box Number is Not Acceptable) **6289 W. Sunrise Blvd.**  
83 **# 202**  
84 City **Sunrise** FL 85 **33313**

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>AD</del> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ABELSON, MARK</del>	1.2 NAME	<b>Charles W. De Santi</b>
STREET ADDRESS	<del>3525 MAGELLAN CIRCLE 623</del>	1.3 STREET ADDRESS	<b>3558 Magellan Circle, #131</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL</del>	1.4 CITY-ST-ZIP	<b>Aventura, FL 33180</b>
TITLE	<del>D</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SCHULMAN, STUART</del>	2.2 NAME	<b>Jeffrey Rubinton</b>
STREET ADDRESS	<del>3574 MAGELLAN CIRCLE #341</del>	2.3 STREET ADDRESS	<b>3500 Magellan Circle, #113</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL</del>	2.4 CITY-ST-ZIP	<b>Aventura, FL 33180</b>
TITLE	<del>AD</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROTHAL, RICK</del>	3.2 NAME	
STREET ADDRESS	<del>3510 MEGALLAN CIRCLE 725</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>N. MIAMI BEACH FL</del>	3.4 CITY-ST-ZIP	
TITLE	<del>AD</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MIEL, DIANA</del>	4.2 NAME	
STREET ADDRESS	<del>3525 MAGELLAN CIRCLE 622</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<del>N. MIAMI BEACH FL</del>	4.4 CITY-ST-ZIP	
TITLE	<del>AD</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>APPLETON, NANCY</del>	5.2 NAME	<b>Nicholas Mastroiardi</b>
STREET ADDRESS	<del>710 NE 126TH ST 122</del>	5.3 STREET ADDRESS	<b>3504 Magellan Circle, #216</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL</del>	5.4 CITY-ST-ZIP	<b>Aventura, FL 33180</b>
TITLE	<del>D</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COHEN, LENNY</del>	6.2 NAME	<b>Ken Benjamin</b>
STREET ADDRESS	<del>3564 MAGELLAN CIRCLE 213</del>	6.3 STREET ADDRESS	<b>3501 Magellan Circle, #635</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL</del>	6.4 CITY-ST-ZIP	<b>Aventura, FL</b>

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 119.07(3)(k), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 / 96 (305) 935 6269  
Date Daytime Phone #

CR2E037 (12/95)