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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: SUMMIT PROP MGT, P O BOX 189013, PLANTATION FL 33318, US  
Mailing Address: P O BOX 189013, POST OFFICE BOX 801338, PLANTATION FL 33318-9013, US

3. Date Incorporated or Qualified: 12/05/1984  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROP MGMT  
6269 W SUNRISE BLVD  
#202  
SUNRISE FL 33316

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 4450 West Sunrise Blvd.  
83 Suite C-100  
84 City: Plantation FL 85 Zip Code: 33313

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: Gail H. Sangunett, V.P. - Administration 2/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows of officer information including titles (PD, VD, D, SD, TD, D), names, and addresses.

Table with 6 rows of addition/change information including titles (P.D, VD, SD, TD, D), names, and addresses.

14. I do 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.

SIGNATURE: Christopher L. Pappas Pres (305) 652-2260

CR2E037 (9/96)