FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N06511 DOCUMENT #

MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business Malling Address | | | | (1001))07 801 00110 01101 01101 11101 11 | ar atust atast minje minte nente oldet indt | |
|--|---|---|----------------------------------|--|---|--|
| SUMMIT PROP MGT P O BOX 189013 | | | | | | |
| P O BOX 1890 | - | | POST OFFICE BOX 801338 | | ļ | |
| Plantation Fi US | L 33318 | PLANTATION FL 33318-9013 US | | 3. Date incorporated or Qualified | 3a. Date of Last Report | |
| | | • | | | 3. Date incorporated or Qualified 12/05/1984 | 05/01/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number 59-2517293 | Applied For |
| 21 | | 26 | | | 58-2517293 | Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional | |
| City & State | | City & State | City & State | | | Fee Required |
| <u> </u> | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Z ip | Country | Zip | Country | | This corporation has liability for in | |
| 24 | 25 | 29 | 30 | | | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Reg | istered Agent |
| 81 Name | | | | | | |
| SUMMIT PROP MGMT 82 Str | | | | Street Addre | ss (P.O. Box Number is Not Acceptable | a) |
| 6289 W SUNRISE BLVD | | | | 4450 We | ss (P.O. Box Number is Not Acceptables to Sunrise Blvd. | |
| #202. | | | | Suite (| C_100 | |
| S unrise fl 88318 | | | 84 | City | | 85 Zip Code |
| | · · · · · · · · · · · · · · · · · · · | | | Plantat | tion | FL 33313 |
| 11. Pursuant office or r | to the prodisions of Sections 617.05 egistered agent, or both, in the State | 02 and 617.1508, Florida Statu e of Florida. Such change was | utes, the above authorized by | named corpo the corporatio | ration submits this statement for the punis board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| agent. I a | | | | | | The second secon |
| SIGNATURE . | Stofiature: typed or prahed name of phistered as | Gail H. | Sangune | tt, V.P. | - Administration d when reinstating) | 2/24/97 |
| 12. | | ND DIRECTORS: | 13. | int as Business sections | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | PD | DELETE | 1.1 TITLE | 4.4 | | Change Addition |
| NAME | DE SANTI, CHARLES W | | 1.2 NAME | | ristopher L. Pappas | • |
| STREET ADDRESS | 3558 MAGELLAN CIR #131 | | 1.3 STREET | ADDRESS 356 | 5 Magellan Cir # 334 | , |
| CITY-ST-ZIP | AVENTURA FL | | 1.4 CITY - ST | | entura, Florida 33180 🐱 | <u> </u> |
| TITLE | VD | DELETE | 2.1 TITLE | V,D | | Change Addition |
| NAME | RUBINTON, JEFFREY | | 2.2 NAME | Mic | chael J. Schiselman | |
| STREET ADDRESS | 3500 MAGELLAN CIR #713 | | 2.3 STREET | ADDRESS 356 | 5 Magellan Cir # 332 | |
| CITY - S1 - ZIP | AVENTURA FL | Total project | 2. 4 CITY-S | T-ZIP AV | entura, Florida 33180 | |
| TITLE | DOTUM DICK | X DELETE | 3.1 TITLE | <u>s</u> D | | Change Addition |
| NAME | ROTHAL, RICK 3510 MEGALLAN CIRCLE 72 |) G | 3.2 NAME | | i Goodman | _ |
| STREET ADDRESS | N. MIAMI BEACH FL. | : 0 | 3.3 STAEET | | 0 Magellan Circle # 73 | 1 |
| CITY-ST-ZIP TITLE | SD SD | DELETE | 3.4. CITY-S 4.1 TITLE | Typ | entura, Florida 33180 | Change Addition |
| NAME | MIEL, DIANA | <u>u</u> j ozacit | 4.1 MLC | , - | Weisberg | AND CHANGE THEORIGIN |
| STREET ADDRESS | 3525 MAGELLAN CIRCLE 62 | 2 | 4.3 STREET | 1 | <u> </u> | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | .= | 4.4 CiTY - S1 | | 9 Magellan Cir # 322 entura. Florida 33180 | |
| TITLE | TD TD | DELETE | 5.1 TITLE | 2 | MINITED AND INC. 3310U | Change Addition |
| NAME | MASTRONARDI, NICHOLAS | | 5.2 NAME | Mar | stronardi, Nicholas | * " |
| STREET ADDRESS | 3564 MAGELLAN CIR #216 | | 5.3 STREET | | 4 Magellan Cir # 216 | |
| CITY-ST-ZIP | AVENTURA FL | | 5.4 CITY - ST | | entura, Florida 33180 | |
| TITLE | D | ■ DELETE | 6.1 TITLE | 7 | , | Change Addition |
| NAME | Benjamin, Ken | | 6.2 NAME | Ga) | e Solomon 0 Magellan Cir # 512 | , |
| STREET ADDRESS | 3501 MAGELLAN CIR #635 | | 6.3 STREET | ADDRESS 334 | o magenan Cir ¥ 512 | |

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 chapted, or on an attachment with an address.

6.4 CiTY+ST-ZiP

SIGNATURE:

FILED

Mar 03 1997 8:00am

Secretary of State

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