

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06511 (2)**

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



Principal Place of Business <del>XXXXXXXXXX</del> P O BOX 189013 PLANTATION FL 33318 US	Mailing Address <del>XXXXXXXXXX</del> POST OFFICE BOX 801338 PLANTATION FL 33318 US
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3. Date Incorporated or Qualified <b>12/05/1984</b>
4. FEI Number <b>59-2517293</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21 c/o Castle Group</b>	2a. Mailing Address <b>26 c/o Castle Group</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 P.O. Box 189013</b>
City & State <b>23</b>	City & State <b>28 Plantation FL</b>
Zip <b>24</b>	Zip <b>29 33318</b>
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

~~XXXXXXXXXX~~  
**4450 WEST SUNRISE BLVD**  
**C-100**  
**PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name <b>David H. Rogel, Esquire</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>Becker &amp; Poliakoff, P.A.</b>	
83 <b>5201 Blue Lagoon Drive, Suite 100</b>	
84 City <b>Miami</b>	85 Zip Code <b>FL 33126</b>

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: *[Signature]* DATE: **3/3/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAPPAS, CRISTOPHER	
STREET ADDRESS	3565 MAGELLAN CR 334	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHISELMAN, MICHAEL	
STREET ADDRESS	3565 MAGELLAN CR #332	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, TONI	
STREET ADDRESS	3520 MAGELLAN CR 731	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEISBERG, JAY	
STREET ADDRESS	3550 MAGELLAN CR 322	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASTRONARDI, NICHOLAS	
STREET ADDRESS	3564 MAGELLAN CIR #216	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMAN, GABE	
STREET ADDRESS	3540 MAGELLAN CR	
CITY-ST-ZIP	AVENTURA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GABE SOLOMAN	
1.3 STREET ADDRESS	3540 MAGELLAN CIR	
1.4 CITY-ST-ZIP	AVENTURA FL 33180	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 any attachment with an address.

SIGNATURE: *[Signature]* Christopher Pappas, President 2/4/98 947-7488

CR2E037 (10/97)