

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90065 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06511**

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

Principal Place of Business	Mailing Address
C/O CASTLE GROUP P.O. BOX 189913 PLANTATION FL 33318 US	C/O CASTLE GROUP P.O. BOX 189913 PLANTATION FL 33318 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. 40 United Comm Mgmt	26. 40 United Comm Mgmt	12/05/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22. 3300 University Dr. #405	27. 3300 University Dr. #405	59-2517293
City & State	City & State	Applied For
23. Coral Springs FL	28. Coral Springs FL	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24. 33065	25. USA	\$8.75 Additional Fee Required
29. 33065	30. USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROGEL, DAVID H ESO BECKER & POLIAKOFF, PA 5201 BLUE LAGOON DR, STE 100 MIAMI FL 33126		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, CRISTOPHER	1.2 NAME	
STREET ADDRESS	3565 MAGELLAN CR 334	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHISELMAN, MICHAEL	2.2 NAME	Schiselman, Roberta
STREET ADDRESS	3565 MAGELLAN CR #332	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMAN, GABE	3.2 NAME	D. Mickey Schelman
STREET ADDRESS	3540 MAGELLAN CIR	3.3 STREET ADDRESS	3571 Magellan Circle #341
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBERG, JAY	4.2 NAME	
STREET ADDRESS	3559 MAGELLAN CR 322	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTRONARDI, NICHOLAS	5.2 NAME	
STREET ADDRESS	3564 MAGELLAN CIR #216	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)