

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90129 028 ****61.25

DOCUMENT # N06511

1. Entity Name

MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

C/O UNITED COMM MGMT
 3300 UNIVERSITY DR #405
 CORAL SPRINGS FL 33065
 US

C/O UNITED COMM MGMT
 3300 UNIVERSITY DR #405
 CORAL SPRINGS FL 33065-4130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2517293

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGEL, DAVID H ESQ
BECKER & POLIAKOFF, PA
5201 BLUE LAGOON DR, STE 100
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	PAPPAS, CRISTOPHER	3565 MAGELLAN CR 334	AVENTURA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	SCHISELMAN, ROBERTA	3565 MAGELLAN CR #332	AVENTURA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SOLOMAN, GABE	3540 MAGELLAN CIR	AVENTURA FL 33180	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	WEISBERG, JAY	3559 MAGELLAN CR 322	N. MIAMI BEACH FL	<input checked="" type="checkbox"/>	TB	Schulman, Stuart	3571 magellan circle #344	Aventura, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SCHELMAN, MICKEY	3571 MAGELLAN CIRCLE #341	AVENTURA FL 33180	<input checked="" type="checkbox"/>	D	Lowen, Jerry	3552 magellan circle #121	Aventura, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	Barzyk, michael	3564 magellan circle #211	Aventura, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9:03

Date

305-837-4507

Daytime Phone #

CF2E037 (9/99)