2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **N28948**

1. Entity Name
MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO AS SOCIATION, INC.

Principal Place of Business	Mailing Address
ONE FISHER ISLAND DRIVE	13 FISHER ISLAND DR
FISHER ISLAND FL	FISHER ISLAND FL
33109 US	33109 US

2. Principal Place of Business	3. Mailing Address
	ONE FISHER ISLAND DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FISHER ISLAND FL
Zip / Country	Zip: 33109 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0087856** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOLE ROBERT	Name: POLIAKOFF GARY
40209 FISHER ISLAND DRIVE	Street Address (P.O. Box Number is Not Acceptable): 3111 STIRLING ROAD
FISHER ISLAND FL	City: FORT LAUDERDALE **FL** Zip Code: 33312
33109	

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 **GARY POLIAKOFF** **04/30/2001**
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	CARLEY ROBERT		NAME	VOLE ROBERT	
STREET ADDRESS	40305 FISHER ISLAND DR		STREET ADDRESS	ONE FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109		CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	SD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	KING ANTHONY		NAME	TCHINOSIAN GEORGE	
STREET ADDRESS	40203 FISHER ISLAND DR		STREET ADDRESS	ONE FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL 33109		CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	VOLE ROBERT		NAME	LEVINE DENISE	
STREET ADDRESS	40209 FISHER ISLAND DR		STREET ADDRESS	ONE FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109		CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (11/00)

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: DENISE LEVINE PD 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #