

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90105 019 ****61.25

DOCUMENT # N28948

1. Entity Name

MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**ONE FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109
 US**

**ONE FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109
 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

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

**POLIAKOFF, GARY
 3111 STIRLING ROAD
 FORT LAUDERDALE FL 33312**

Name **DENISE LEVINE**

Street Address (P.O. Box Number is Not Acceptable)
ONE FISHER ISLAND DRIVE

City **FISHER ISLAND** **FL** Zip Code **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

Signature, typed 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, DENISE ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TCHINOSIAN, GEORGE ONE FISHER ISLAND DR FISHER ISLAND FL 33109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOLE, ROBERT ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAREN PALMER ONE FISHER ISLAND DRIVE FISHER ISLAND, FL. 33109	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 117, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Denise Levine, President

CR2E037 (9/01)