

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 16 AM 10:29

DOCUMENT # 751997 (8)

1. Corporation Name

MARINER'S BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

12000 N BAYSHORE DR
N MIAMI FL 33181

Mailing Address

12000 N BAYSHORE DR
N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1980

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2141191

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BRUNT, BRUCE A
3801 HOLLYWOOD BLVD.
SUITE 300
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
RITTNER, MAURICE
12000 N. BAYSHORE DRIVE
NORTH MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
BURNS, LAVERNE (DR)
1200 N. BAYSHORE DRIVE
NORTH MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
FAIRMONT, LES
12000 N. BAYSHORE DRIVE
NORTH MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
LIPSICK, PETER
12000 N BAYSHORE DRIVE
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BRODIE, MIKE
12000 N BAYSHORE DR
N MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
RICE, HERB
12000 N BAYSHORE DR
N MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

P ☐ Change ☐ Addition

BURNS, LAVERNE (DR.)
12000 North Bayshore Dr.,
North Miami, Florida 33181

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

VP ☐ Change ☐ Addition

BLUMBERG, LES
12000 North Bayshore Dr.
North Miami, Florida 33161

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

D ☐ Change ☐ Addition

BELOFF, ARTHUR
12000 North Bayshore DR.
North Miami, Fla. 33181

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

D ☐ Change ☐ Addition

ZERIVITZ, ELLIOT
12000 North Bayshore Dr.
North Miami, FL. 33181

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES FAIRMONT

DATE

DAY/MONTH/YEAR

0041958