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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 751997

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/14/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2141191

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNT, BRUCE A.
6365 TAFT STREET
SUITE 3003
HOLLYWOOD FL 33024

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME BLUMBERG, LES
STREET ADDRESS 12000 N. BAYSHORE DRIVE
CITY-ST-ZIP NORTH MIAMI FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

TITLE P
NAME BURNS, LAVERNE (DR)
STREET ADDRESS 1200 N. BAYSHORE DRIVE
CITY-ST-ZIP NORTH MIAMI FL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE T
NAME FAIRMONT, LES
STREET ADDRESS 12000 N. BAYSHORE DRIVE
CITY-ST-ZIP NORTH MIAMI FL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME POLSKY, CAROLYN
STREET ADDRESS 12000 N BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME BRODIE, MIKE
STREET ADDRESS 12000 N BAYSHORE DR
CITY-ST-ZIP N MIAMI FL

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME RITTNER, MAURICE
STREET ADDRESS 12000 N BAYSHORE DR
CITY-ST-ZIP N MIAMI FL

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

305-7520100

CR2E037 (11/98)