

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05147

1. Entity Name

MARINER VILLAGE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2901 SIMMS ST  
HOLLYWOOD FL 33020  
US

Mailing Address

2901 SIMMS ST  
HOLLYWOOD FL 33020  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o OCT, 2035 HARDING ST.

Suite, Apt. #, etc.

SUITE 200

City & State

HOLLYWOOD, FL 33020

Zip

Country

4. FEI Number

59-2446146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EISINGAR, DENNIS  
PRESIDENTIAL CIRCLE  
4000 HOLLYWOOD BLVD. STE.265 SOUTH.  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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 \$81.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CLAWSON, MICHELE	
STREET ADDRESS	20907 LEEWARD ST. #225	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAPLAN, MOISES	
STREET ADDRESS	20940 BAY CT #335	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	PFIEFFER, KRISTA	
STREET ADDRESS	20903 LEEWARD STREET #316	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, ROBYNE	
STREET ADDRESS	20908 LEEWARD CT #238	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GOLDMAN, ROBYN	
STREET ADDRESS	20908 LEEWARD STREET #238	
CITY-ST-ZIP	N MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTA PFIEFFER	
STREET ADDRESS	20903 LEEWARD CT. #316	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBYNE GOLDMAN	
STREET ADDRESS	20908 LEEWARD CT. #238	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNDA GETZ	
STREET ADDRESS	20945 BAY COURT #137	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I 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 provided in 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 applicable as an attachment with an address, with all other like empowered.

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90122 049 \*\*\*\*61.25

PAY DATE 7/1/02 831202



DO NOT WRITE IN THIS SPACE