


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90020 028 ****61.25

DOCUMENT # N05147 1. Entity Name MARINER VILLAGE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2901 SIMMS STREET HOLLYWOOD, FL 33020 US			Mailing Address C/O DCI, 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business c/o DCI			3. Mailing Address Suite, Apt. #, etc. 2035 Harding St., Ste 200 City & State Hollywood, FL 33020		
Suite, Apt. #, etc. 2035 Harding St., Ste 200			Suite, Apt. #, etc. 2035 Harding St., Ste 200		
City & State Hollywood, FL 33020			City & State Hollywood, FL 33020		
Zip USA		Zip USA		Country USA	
4. FEI Number 59-2446146				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DCI ASSOCIATION SERVICES 2035 HARDING STREET, SUITE 200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PFIEFFER, KRISTA 20903 LEEWARD CT., #316 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, MOISES 20940 NE BAYLAND AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PFIEFFER, KRISTA 20903 LEEWARD STREET #316 N MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDMAN, ROBYNE 20908 LEEWARD CT #238 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDMAN, ROBYN 20908 LEEWARD STREET #238 N MIAMI, FL 33180	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GETZ, LYNDA 20945 BAY COURT, #137 AVENTURA, FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Robyn Goldman - President</i></u> 3/3/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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