


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90026 036 \*\*\*\*61.25

<b>DOCUMENT # 751997</b>	
1. Entity Name <b>MARINER'S BAY CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>12000 N BAYSHORE DR N MIAMI, FL 33181</b>	Mailing Address <b>12000 N BAYSHORE DR N MIAMI, FL 33181</b>
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02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2141191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GASSENHEIMER, JAMES ESQ  
80 SW 8TH STREET  
SUITE 2700  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>POBIAK, DAVID</del> <b>ADAMS, CHRISTINE</b> 12000 N. BAYSHORE DRIVE MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WEINSTEIN, SID</b> 1200 N. BAYSHORE DRIVE MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>ADAMS, CHRISTINE</del> <b>FERNANDEZ, MADELINE</b> 12000 N. BAYSHORE DRIVE N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>HARRIS, RUTH</del> <b>POBIAK, DAVID</b> 12000 N BAYSHORE DRIVE MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>PABRON, JOSE</del> <b>ELLIS, ELIZABETH</b> 12000 N BAYSHORE DR N. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>LEONARD, MYRNA</b> 12000 N BAYSHORE DR N. MIAMI, FL 33181

**DO NOT WRITE  
IN THIS SPACE**

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:** *Myrna Leonard - Myrna Leonard* 4/14/04 (305)895-1582  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #