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NORTH MMI,

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-31-2005 90003 028 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 751997			
1. Entity Name MARINERS 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2141191		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSENHEIMER JAMES ESQ - FRANK WOLLAND 80 SW 8TH STREET SUITE 2700 MIAMI FL 33130		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P	TITLE	ARLENE SOKOLOV ☐ Change ☐ Addition
NAME	ADAMS, CHRISTINE	NAME	12000 N. Bayshore Dr. #309
STREET ADDRESS	12000 N. BAYSHORE DRIVE #203	STREET ADDRESS	Miami, FL 33181
CITY-ST-ZIP	MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	V	TITLE	HILL SEIGEL ☐ Change ☐ Addition
NAME	WEINSTEIN, SID	NAME	12000 N. Bayshore Dr #201
STREET ADDRESS	1200 N. BAYSHORE DRIVE	STREET ADDRESS	Miami, FL 33181
CITY-ST-ZIP	MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	T	TITLE	GEORGE SUKE ☐ Change ☐ Addition
NAME	FERNANDEZ, MADELINE	NAME	12000 N. Bayshore Dr #307
STREET ADDRESS	12000 N. BAYSHORE DRIVE	STREET ADDRESS	Miami, FL 33181
CITY-ST-ZIP	N. MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	POBIAK, DAVID	NAME	
STREET ADDRESS	12000 N BAYSHORE DRIVE #202	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ELLIS, ELIZABETH	NAME	
STREET ADDRESS	12000 N BAYSHORE DR #201	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	LEONARD, MYRNA	NAME	
STREET ADDRESS	12000 N BAYSHORE DR	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33181	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 the empowered.			
SIGNATURE: 		6-7-05 305-895-1582	
Signature and Title on Printed Name of Current Officer or Director		Date Daytime Phone #	

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