

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90060 011 ****61.25

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|--|--|---|---|---|--|
| DOCUMENT # N05147 1. Entity Name MARINER VILLAGE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O Continental GAP, INC. 2035 HARDING ST., STE 200 HOLLYWOOD, FL 33020 US | | | | Mailing Address 2950 N. 28th Ave SUITE 200 HOLLYWOOD, FL 33020 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 03222007 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-2446146 | |
| Zip Country | | Zip Country | | 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 ROBERT KELLY Law Offices 2514 Hollywood Blvd. Hollywood FL 33020 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | S SHERES, BARBARA 20900 LEEWARD CT., UNIT 217 N. MIAMI BEACH, FL 33180 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHERES BARBARA 20900 LEEWARD CT. UNIT 217 N. MIAMI BEACH, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KAPLAN, MOISES 20940 BAY COURT #335 MIAMI, FL 33180 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GABRIEL OMEARA 20907 LEEWARD CT. UNIT 253 N. MIAMI BEACH, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORAN, MARY-JANE 20911 LEEWARD COURT, #246 N MIAMI BEACH, FL 33180 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOEL PALATNIK 20907 LEEWARD CT. UNIT 256 N. MIAMI BEACH, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GETZ, LYNDIA 20945 BAY CT., UNIT 137 N. MIAMI BEACH, FL 33180 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARCIA LEVINSON 20941 BAY CT. UNIT 124 N. MIAMI BEACH, FL 33180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GOLDMAN, ROBYNE 20908 LEEWARD CT., UNIT 238 N. MIAMI BEACH, FL 33180 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARY-JANE MORAN 20911 LEEWARD CT. UNIT 246 N. MIAMI BEACH, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 3/29/2007 Daytime Phone # | | |