


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90096 017 ****61.25

DOCUMENT # N06511 1. Entity Name MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O THE CONTINENTAL GROUP, INC. 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020 US		Mailing Address C/O THE CONTINENTAL GROUP, INC. 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020 US	
2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc. # 103		3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc. # 103	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065		Zip 33065	
Country USA		Country USA	
4. FEI Number 59-2517293		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 SIEGFELD, RIVERA, LERNER, DELATORE, SOBE 201 ALHAMBRA CIRCLE STE 1102 CORAL SPRINGS, FL 33134			
7. Name and Address of New Registered Agent Name United Community Mgt. Corp. Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Road #103 City CORAL SPRINGS FL Zip 33065			
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 Renick Ottaviano V.P. Treasurer United Comm Mgt 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	SD CATALANO, DORIS 3553 MAGELLAN CRC #318 AVENTURA, FL 33180	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D COHEN, DAVID 3520 MAGELLAN CIR #737 AVENTURA, FL 33180	TITLE	PD Fein, Lori Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 3525 Magellan Circle #0622 Aventura, FL 33180
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	PD TICKNER, GUY 3540 MAGELLAN CIR. 515 AVENTURA, FL 33180	TITLE	TD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD ROSS, BETTY 3578 MAGNOLIA CIR #235 AVENTURA, FL 33180	TITLE	UPD Krumbein, Sandra E Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 3530 Magellan Circle #0617
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D LOWEN, JERRY 3552 MAGELLAN CIRCLE #121 AVENTURA, FL 33180	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D SULTAN, JAY 3549 MAGELLAN CIR. 417 AVENTURA, FL 33180	TITLE	D Schiselman, Roberta Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 3510 Magellan Circle #0721 Aventura, FL 33180
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: Renick Ottaviano Property Manager 4/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			