## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002290

FILED May 07, 2009 Secretary of State

Entity Nam	ne: VILLAGE DEL MAR MARINA CONDOMINIUM	ASSOCIATION, INC.	
Current Principal Place of Business:		New Principal Place of Business:	
	95TH STREET PRES, FL 33138		
Current Mailing Address:		New Mailing Address:	
	OSTH STREET ORES, FL 33138	1430 NW 15 AVE MIAMI, FL 33125	
FEI Number: In accordanc	FEI Number Applied For (X) FEI New se with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not Applicable() the prior notice.	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of I	New Registered Agent:
GLAZER & ASSOCIATES 1920 E. HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009 US		JOSEPH H. GANGUZZA & ASSOCIATES, P.A. 1 SE 3 AVE # 2150 MIAMI, FL 33131 US	
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered of	office or registered agent, or both,
SIGNATURE: JOSEPH H. GANGUZZA			05/07/2009
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () Delete GEMINO, CHRISTOPHER 1200 NE 105 STREET #27 MIAMI SHORES, FL 33138	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPTD () Delete MONGE, PAUL 1200 NE 105 STREET #34 MIAMI SHORES, FL 33138	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete BRODSKY, MARK 1200 NE 105 STREET #26 MIAMI SHORES, FL 33138	Title: ( Name: Address: City-St-Zip:	) Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER GEMINO P 05/07/2009