


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90049 027 ****61.25

DOCUMENT # **N07493**

1. Entity Name
Maranda Village V Condominium ASSN INC



DO NOT WRITE IN THIS SPACE

20015972

2. Principal Place of Business
Swift Management & Solutions
Suite, Apt. **1750 University Dr. #205**
City & State **Coral Springs, FL 33071**
Zip _____ Country _____

3. Mailing Address
Swift Management & Solutions
Suite **1750 University Dr. #205**
City & State **Coral Springs, FL 33071**
Zip _____ Country _____

DO NOT WRITE IN THIS SPACE

4. FEL Number **59-2502042** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

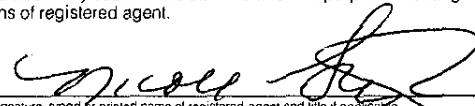
Name _____

Street Address **Swift Management & Solutions**
1750 University Dr. #205

City **Coral Springs, FL 33071** FL Zip Code _____

**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  **Nicole Swift** **1/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH ZORLUK 3437 NW 47 Ave COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sandra Statner 3381 NW 47 Ave COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD Robert LANEY 3480 NW 47 Ave COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINO LATTAZI 3344 NW 47 Ave COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINIC ARIAL 3296 NW 47 Ave COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert Laney Pres** **1/7/03** **9543416340**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)