

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90187 007 ****61.25

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DOCUMENT # N05147

1. Entity Name

MARINER VILLAGE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2901 SIMMS ST
HOLLYWOOD FL 33020
US**

Mailing Address

**C/O OCI. 2035 HARDING STREET
SUITE 200
HOLLYWOOD FL 33020
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2446146**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISINGAR, DENNIS
PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD. STE.265 SOUTH.
HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **VPD** ☐ Delete
NAME **PFIEFFER, KRISTA**
STREET ADDRESS **20903 LEEWARD CT., #316**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **KAPLAN, MOISES**
STREET ADDRESS **20940 BAY CT #335**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

TITLE **2250RG** ☐ Change ☐ Addition
NAME **240000 R. Kaplan**
STREET ADDRESS **20940 NE TRAY COURT. 335**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **S** ☐ Delete
NAME **PFIEFFER, KRISTA**
STREET ADDRESS **20903 LEEWARD STREET #316**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **GOLDMAN, ROBYNE**
STREET ADDRESS **20908 LEEWARD CT #238**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **President** ☐ Change ☐ Addition
NAME **ROBYNE GOLDMAN**
STREET ADDRESS **20908 LEEWARD CT, #238**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **VPD** ☐ Delete
NAME **GOLDMAN, ROBYN**
STREET ADDRESS **20908 LEEWARD STREET #238**
CITY-ST-ZIP **N MIAMI FL 33180**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **GETZ, LYNDA**
STREET ADDRESS **20945 BAY COURT, #137**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **LYNDA GETZ**
STREET ADDRESS **20945 BAY CT #137**
CITY-ST-ZIP **AVENTURA, FL 33180**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBYNE GOLDMAN VICE PRESIDENT** 3/4/03 954-713-2780

CR2E037 (10/02)