

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 729992

**Entity Name:** MARINA DEL MAR, INC.

**Current Principal Place of Business:**

8751 W BROWARD BLVD  
SUITE 400  
PLANTATION, FL 33324

**Current Mailing Address:**

PO BOX 19439  
PLANTATION, FL 33318 US

**FEI Number:** 59-1593404

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MERINO, MICHAEL H  
6741 ORANGE DR.  
DAVIE, FL 33314 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            DIR  
Name            HEISE, MICHAEL  
Address        1500 SE 15TH STREET  
                  APT 216  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            DIR/TREAS  
Name            MURPHY, NORMA L  
Address        1510 SE 15TH STREET  
                  APT 301  
City-State-Zip: FT LAUDERDALE FL 33316

Title            DIR/SEC  
Name            ZMURCHAK, RACHEL  
Address        1500 SE 15 STREET  
                  APT 120  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            DIR/PRES  
Name            MUELLER, JASON  
Address        1510 SE 15TH STREET  
                  APT 206  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            DIR  
Name            TAMMA, CARLA  
Address        1500 SE 15 ST  
                  APT 201  
City-State-Zip: FORT LAUDERDALE FL 33316

Title            DIR  
Name            STOCK, GABRIELE  
Address        1500 SE 16 STREET  
                  APT 314  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby 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 all other like empowered.*

**SIGNATURE:** JASON MUELLER

**PRESIDENT**

**10/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date