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: GIL YOSEFI

Electronic Signature of Signing Officer/Director Detail

04/27/2015 Date

#### DOCUMENT# N06000004281 Entity Name: MARINA OAKS CONDOMINIUM ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

2449 SW 18TH TERRACE FORT LAUDERDALE, FL 33315

## **Current Mailing Address:**

8200 NW 33RD ST. 303 MIAMI, FL 33122 US

## FEI Number: 20-5146208

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

PERLMAN, BAJANDAS, YEVOLI, ALBRIGHT PL 200 SOUTH ANDREWS AVE SUITE 600 FORT LAUDERDALE , FL 33301 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	STEPHEN HOFFMAN		04/27/2015
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PD	Title	VPD
Name	YOSEFI, GIL	Name	SHABAT, MOSHE
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	
Title	STD		
Name	HON, EREZ		
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309		
City-State-Zip:	LAKE WORTH FL 33463		

Certificate of Status Desired: No

\_\_\_\_\_

FILED Apr 27, 2015 Secretary of State CC4297308722