2449 SW 18TH	ncipal Place of Business: TERRACE DALE, FL 33315		500915642	2000
Current Mai	ling Address:			
	TH TERRACE ERDALE, FL 33315 US			
FEI Number: 20-5146208		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
VALANCY & REED, P.A. 310 SE 13TH STREET FORT LAUDERDALE, FL 33316 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	STEVEN VALANCY		0	1/09/2024
SIGNATURE	Electronic Signature of Registered Agent		0	1/09/2024 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		0	
	Electronic Signature of Registered Agent	Title	0 VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRESIDENT		VP	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT COHEN, LIOR 2449 SW 18TH TERRACE	Name Address	VP BRACHOT, ABRAHAM	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT COHEN, LIOR 2449 SW 18TH TERRACE	Name Address	VP BRACHOT, ABRAHAM 2449 SW 18TH TERRACE	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT COHEN, LIOR 2449 SW 18TH TERRACE FORT LAUDERDALE FL 33315	Name Address	VP BRACHOT, ABRAHAM 2449 SW 18TH TERRACE	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT COHEN, LIOR 2449 SW 18TH TERRACE FORT LAUDERDALE FL 33315 SECRETARY	Name Address	VP BRACHOT, ABRAHAM 2449 SW 18TH TERRACE	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MARINA OAKS CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# N06000004281

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: LIOR COHEN

PRESIDENT

01/09/2024

Electronic Signature of Signing Officer/Director Detail

FILED Jan 09, 2024 Secretary of State