

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06511

FILED
Apr 14, 2021
Secretary of State
8590758678CC

Entity Name: MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

FEI Number: 59-2517293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 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: MARIA T. HERNANDEZ, PROPERTY MANAGER

04/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LITZ, STEVEN
Address C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name LEMKIN, DANNY
Address C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

Title P
Name YOSEFI, GIL
Address C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name HOENIG, GUY
Address 3501 MAGELLAN CIRCLE #638
City-State-Zip: AVENTURA FL 33180

Title T
Name SAPIR, SHALOM
Address 3520 MAGELLAN CIRCLE #737
City-State-Zip: AVENTURA FL 33180

Title VP
Name ORTEGA, LEOPOLDO
Address 3558 MAGELLAN CIRCLE #132
City-State-Zip: AVENTURA FL 33180

Title TREASURER
Name PALDINO, DIANE
Address C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE
PARKWAY
City-State-Zip: SUNRISE FL 33323

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

PRESIDENT

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date