2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06511

Entity Name: MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION,

INC.

FILED
Mar 21, 2018
Secretary of State
CC5401667289

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

03/21/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name TICKNER, GUY Name LEMKIN, DANNY

Address C/O MIAMI MANAGEMENT, INC. Address C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE 1145 SAWGRASS CORPORATE

PARKWAY

INNIVAT

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

 Title
 P
 Title
 TREASURER

 Name
 YOSEFI, GIL
 Name
 HOENIG, GUY

Address C/O MIAMI MANAGEMENT, INC. Address C/O MIAMI MANAGEMENT, INC.

1145 SAWGRASS CORPORATE 1145 SAWGRASS CORPORATE

City-State-Zip:

SUNRISE FL 33323

PARKWAY

City-State-Zip: SUNRISE FL 33323

Title VP

Name SAPIR, SHALOM

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 P 03/21/2018