

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06511

FILED
Jan 04, 2024
Secretary of State
5378899540CC

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:

ASSOCIATION LAW GROUP
1101 BRICKELL AVE, SUITE 1101
MIAMI, FL 33131 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: JENNIFER L. JAMES, ESQ.

01/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MISHLER, AARON
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 VP
Name ORTEGA, LEOPOLDO
Address C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip: SUNRISE FL 33323

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

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

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

Title DIRECTOR
Name HAMMONDS, JERRY
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

01/04/2024

