

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06511

**Entity Name:** MARINER VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 15, 2017**  
**Secretary of State**  
**CC7227511645**

**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**

**05/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TREASURER  
Name HOENIG, GUY  
Address C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORPORATE  
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

Title SECRETARY  
Name SALOMON, MENASHE  
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**

**05/15/2017**

