

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06511

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**5236361329CC****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:** Yes**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

02/11/2019

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

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

Title D  
Name PALDINO, DIANE  
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 S  
Name HOENIG, GUY  
Address 3501 MAGELLAN CIRCLE #638  
City-State-Zip: AVENTURA FL 33180

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

*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

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date