2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24497

Entity Name: MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S

ASSOCIATION, INC.

FILED Mar 05, 2019 Secretary of State 6615381033CC

Current Principal Place of Business:

2389 TREASURE ISLE. DR. PALM BCH., GARDEN, FL 33410

Current Mailing Address:

7260 WEST OAKLAND PARK BLVD LAUDERHILL, FL 33313 US

FEI Number: 65-0054016 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, PA 1818 AUSTRALIAN AVE.SOUTH SUITE 400 WEST PALM BEACH, FL 33409 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DIRECTOR

Name APICELLA, ART Name MENDOZZA, ERNIE

2439 TREASURE ISLE DRIVE, #01 2259 TREASURE ISLE DR. #A32 Address Address PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

Title VΡ Title **DIRECTOR**

Name SLAMOWITZ. RHEA Name FALCONE, MARIE

Address 2359 TREASURE ISLE DR # A38 2280 TREASURE ISLE DR # A80 Address City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title **TREASURER** Title **PRESIDENT** Name DEW, ROBBIE Name CROUCH, ROBERT

Address 2359 TREASURE ISLE DRIVE Address 2439 TREASURE ISLE DRIVE

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City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

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Title DIRECTOR Title **SECRETARY** Name POLSON, DAVID Name DAVI, CATHERINE

Address 2379 TREASURE ISLE DRIVE # A24 2320 TREASURE ISLE DRIVE Address

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PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip:

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: ROBERT CROUCH **PRESIDENT** 03/05/2019