

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90112 028 ****61.25

DOCUMENT # 752145

1. Entity Name

MARINA DEL REY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**931 PALM TRAIL
DELRAY BCH. FL 33483**

Mailing Address

**931 PALM TRAIL
DELRAY BCH. FL 33483-5878**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2686323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHONE, LARRY
PERRY & SCHONE, P.A.
50 SE 4TH AVENUE
DELRAY BCH. FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, MARY JANE	
STREET ADDRESS	931 PALM TRAIL STE 5	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOEZINSKI, LOIS	
STREET ADDRESS	931 PALM TRAIL STE 3	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRUNFIO, VINCENT	
STREET ADDRESS	931 PALM TR SUITE 6	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	S	<input type="checkbox"/> Delete
NAME	KOSKIE, BARLOGEA	
STREET ADDRESS	931 PALM TR SUITE 7	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FITZER, DAVID	
STREET ADDRESS	931 PALM TRAIL STE 2	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brandt, Jackie	
STREET ADDRESS	931 Palm Trail #5	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brezinski, Lois	
STREET ADDRESS	931 Palm Trail #3	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Fitzer

1/27/2000

954-492-1222

Date

Daytime Phone #

CR2E037 (9/99)