

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90066 008 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2686323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ERIC ESTEBANER**
 Street Address (P.O. Box Number is Not Acceptable)
75 NE. GILMANE #202
Ponte Mgmt. Group
 City **Delray Bch** **FL** Zip Code **33483**

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

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	P	<input type="checkbox"/> Delete
NAME	BOEZINSKI, LOIS	
STREET ADDRESS	931 PALM TRAIL STE 3	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, JACKIE	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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

Date

Daytime Phone #

CR2E037 (10/00)