

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N00005</b> 1. Entity Name <b>THE MARINER VILLAGE COMMUNITY ASSOCIATION INC.</b>					
Principal Place of Business <b>THE CONTINENTAL GROUP, INC.</b> <b>2950 N 28TH TERR</b> <b>HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>THE CONTINENTAL GROUP, INC.</b> <b>2950 N 28TH TERR</b> <b>HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2513712</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SIEGFELD, KIPNIS, RIVERA, LERNER &amp; DELA TORRE</b> <b>201 ALKOMHA CIRCLE</b> <b>CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to: Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SULTAN, JAY</b> <b>3549 MAGELLAN CIRCLE</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'MEARA, GABRIEL</b> <b>21047 NE 34TH PL</b> <b>AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARHAM, PATRICK</b> <b>21085 SPINNAKER BAY #102</b> <b>AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>TICKNER, GUY</b> <b>3540 MAGELLAN CIRCLE #615</b> <b>N. MIAMI BEACH, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODSTEIN, BERNARD</b> <b>21047 NE 34TH PL</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <b>JAY SULTAN Pres.</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <b>11/26/07</b> <small>Daytime Phone #</small>					

APPROVED  
AND  
FILED

07 NOV 26 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RD 11-08-07



10242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2513712**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIEGFELD, KIPNIS, RIVERA, LERNER & DELA TORRE  
201 ALKOMHA CIRCLE  
CORAL GABLES, FL 33134

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State **FL** Zip Code

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to: Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SULTAN, JAY	
STREET ADDRESS	3549 MAGELLAN CIRCLE	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'MEARA, GABRIEL	
STREET ADDRESS	21047 NE 34TH PL	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARHAM, PATRICK	
STREET ADDRESS	21085 SPINNAKER BAY #102	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TICKNER, GUY	
STREET ADDRESS	3540 MAGELLAN CIRCLE #615	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODSTEIN, BERNARD	
STREET ADDRESS	21047 NE 34TH PL	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL PALANCIK	
STREET ADDRESS	10907 CEDAR CT #256	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSS GUTSTEIN	
STREET ADDRESS	21085 NE 34TH AVE. (#204)	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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