

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90034 045 ****61.25

DOCUMENT # N04000008487

1. Entity Name
**THE MARINA VILLAGE AT BOYNTON BEACH MASTER
ASSOCIATION, INC.**



Principal Place of Business
**625 CASA LOMA BLVD., SUITE 104
BOYNTON BEACH, FL 33435**

Mailing Address
**625 CASA LOMA BLVD., SUITE 104
BOYNTON BEACH, FL 33435**



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2515678

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD.
SUITE 1220
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEITMAN, GENAY ANN
STREET ADDRESS	625 CASA LOMA BLVD., SUITE 104
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	SD
NAME	SIMON, MICHAEL
STREET ADDRESS	625 CASA LOMA BLVD., SUITE 104
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	JD
NAME	FARLEY, JACK
STREET ADDRESS	625 CASA LOMA BLVD., SUITE 104
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	Marty Oppenheim
STREET ADDRESS	625 Casa Loma Blvd. Suite 104
CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-08