

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008487

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2515678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEITMAN, GENAY ANN
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: SIMON, MICHAEL
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD () Delete
Name: FARLEY, JACK
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP () Delete
Name: OPPENHEIM, MARTY
Address: 625 CASA LOMA BLVD. STE. 104
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LEDERHANDLER, ROBERT
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD (X) Change () Addition
Name: OPPENHEIM, MARTIN
Address: 625 CASA LOMA BLVD., SUITE 104
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP (X) Change () Addition
Name: OPPENHEIM, MARTIN
Address: 625 CASA LOMA BLVD. STE. 104
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MALVENE BRICE

PM

04/07/2009

Electronic Signature of Signing Officer or Director

Date