ANNUAL REPORT

DOCUMENT # N04913

1. Entity Name
MARINA LAKE COMMERCIAL CONDOMINIUM I ASSOCIATION, INC., A CONDOMINIUM

FILED
Mar 12, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
8602 SW 102 ST MIAMI, FL 33156 US	8602 SW 102 ST MIAMI, FL 33156 US

02152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2486875
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEVERDING, PATRICIA
8602 SW 102 ST
MIAMI, FL 33156

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

Filing Fee is $61.25
Due by May 1, 2007

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

U00000664134
03/22/07-80032-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARCIA, ANIBAL
STREET ADDRESS	4820 S.W. 72 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	BAKER, MITCHELL
STREET ADDRESS	4840 S.W. 72 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	STEVERDING, PATRICIA
STREET ADDRESS	8602 SW 102 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: P A Steverding 3/7/07 (305)238-7856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #