


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

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04913</b>		
1. Entity Name <b>MARINA LAKE COMMERCIAL CONDOMINIUM I ASSOCIATION, INC., A CONDOMINIUM</b>		
Principal Place of Business <b>8602 SW 102 ST MIAMI, FL 33156 US</b>	Mailing Address <b>8602 SW 102 ST MIAMI, FL 33156 US</b>	



03032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2486875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STEVERDING, PATRICIA  
8602 SW 102 ST  
MIAMI, FL 33156**

**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	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	

000000800603  
04/02/08-80069-001 61.25

**DO NOT WRITE  
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

**3/14/08** **(305) 282-7856**  
Date Daytime Phone #