

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90014 027 \*\*\*150.00

44018973



01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2516295</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # N06101**

1. Entity Name  
**MARINA LAKES COMMERCIAL CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business  
**4850 S.W. 72 AVENUE  
 MIAMI, FL 33155**

Mailing Address  
**4850 S.W. 72 AVENUE  
 MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**

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

**CERVANTES, PATRICIO  
 4850 S.W. 72 AVENUE  
 MIAMI, FL 33155**

**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, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERVANTES, PATRICIO 4850 S.W. 72 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, BRIAN 2 GROVE ISLE DRIVE 806 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTON, SCOTT 7250 SW 39 TERRACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-25-04

Date

3056011569

Overtime Phone #