

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

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

03-18-2004 90014 027 ***150.00

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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**

44018973



01162004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2516295

Applied For
Not Applicable

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

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

Daytime Phone #