2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90024 045 ****61.25

DQC	UME	NT#	N061	101
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1. Entity Name MARÍNA LAKES COMMERCIAL CONDOMINIUM II



ASSOCIATION, INC. Principal Place of Business Mailing Address 40069990 4850 S.W. 72 AVENUE 4850 S.W. 72 AVENUE MIAMI, FL 33155 MIAMI, FL 33155 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 7250 SW 39 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 Chg-NP CR2E037 (12/06) MIAMI City & State City & State Applied For 4. FEI Number 59-2516295 <u>33,55</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -us-a-. Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT WESTON 40 MADDUX + CA. CERVANTES, PATRICIO Street Address (P.O. Box Number is Not Acceptable) 4850 S.W. 72 AVENUE MIAMI, FL 33155 City Zip Code ろうべちち MIAMI FLA. 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. Lam familiar with, and accept the obligations of registered agent <u>3-3</u>1-2008 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition ZEDON, GADALA NAME NAME 7132 SW 47TH ST STREET ADDRESS STREET ADDRESS C(TY-ST-Z)P MIAMI, FL 33155 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME SINGER, BRIAN NAME STREET ADDRESS 2 GROVE ISLE DRIVE 806 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP ☐ Delete Change ■ Addition NAME SOZA, SERAFIN NAME 4868 SW 72ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition willie WAG NAME NAME 4868 5W 72 W AW. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP

12. Thereby 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 th an address, with all other like empowered.

SIGNATURE:

3-131-2008

786-942-6143