


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90032 031 ****61.25

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|--|---|--|--|---|--|
| DOCUMENT # N17446 1. Entity Name MARINA LAKE COMMERCIAL CONDOMINIUM XI ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 4990 SW 72ND AVE STE. 100 MIAMI, FL 33155 | | | Mailing Address PO BOX 172633 MIAMI, FL 33017 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 01252007 Chg-NP CR2E037 (12/06) | |
| City & State Zip | | City & State Zip | | 4. FEI Number 59-2731777 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent METELNIKOW, FRED 4904 B SW 72 AVE MIAMI, FL 33155 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TC METELNIKOW, FRED 4990 SW 72ND AVE., #100 MIAMI, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M SIDA, PACHECO 4900 S.W. 72ND AVE., #101 MIAMI, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, RAFAEL 4990 S.W. 72 AVE #108 MIAMI, FL 33155 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ST GEORGE, MARIA 7364 SW 48 ST MIAMI, FL 33155 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARRUE, ARMANDO 4990 SW 72 AVE, 107 MIAMI, FL 33155 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CERDA, MARTIN 1990 S.W. 72 AVE., #110 MIAMI, FL 33155 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M AIDA PACHECO 4900 SW 72 AVE. 9-101 MIAMI, 33155 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT MARTIN CERDA 4990 SW 72nd AVE. MIAMI 33155 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: _____ MARTIN CERDA, PRESIDENT 1/30/07 305-661-492 | | | | | |