2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N17446

1. Entity Name
MARINA LAKE COMMERCIAL CONDOMINIUM XI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4990 SW 72ND AVE STE. 100 MIAMI, FL 33155	PO BOX 172633 MIAMI, FL 33017 US

DO NOT WRITE IN THIS SPACE

01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2731777

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

METELNIKOW, FRED
4904 B SW 72 AVE
MIAMI, FL 33155

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TC
NAME	METELNIKOW, FRED
STREET ADDRESS	4990 SW 72ND AVE., #100
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	M
NAME	SIDA, PACHECO
STREET ADDRESS	4900 S.W. 72ND AVE., #101
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	S
NAME	ST GEORGE, MARIA
STREET ADDRESS	7364 SW 48 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VP
NAME	ARRUE, ARMANDO
STREET ADDRESS	4990 SW 72 AVE, 107
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	P
NAME	CERDA, MARTIN
STREET ADDRESS	1990 S.W. 72 AVE., #110
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80044-021 61.25

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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 2/12/08 305-661-1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #