

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23894** (1)
1. Corporation Name
MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O MICHAEL A. MASH, JR.
1 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109 C/O MICHAEL A. MASH, JR.
1 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1987** 3a. Date of Last Report **04/25/1994**
4. FEI Number **65-0036634** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **One Fisher Island Drive** 26 **One Fisher Island Drive**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Fisher Island, FL** 28 **Fisher Island, FL**
24 **33109** 25 **USA** 29 **33109** 30 **USA**

9. Name and Address of Current Registered Agent
BLUMERG, MAX
7215 W 20TH AVENUE
HIALEAH FL 33014

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MASH, MICHAEL A. JR
STREET ADDRESS	1 FISHER ISLAND DR
CITY - ST - ZIP	FISHER ISLAND FL
TITLE	PD
NAME	BLUMERG, MAX
STREET ADDRESS	7215 W 20TH AVENUE
CITY - ST - ZIP	HIAHEAH FL
TITLE	D
NAME	POLOW, PETER
STREET ADDRESS	41220 FISHER ISLAND DR
CITY - ST - ZIP	FISHER ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	G. Michael Thomas
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: **G. Michael Thomas, Secretary, Treasurer & Director** 4/20/95 305-535-6000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Custom #