

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90023 005 ****61.25

DOCUMENT # N23894

1. Entity Name

MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ONE FISHER ISLAND DRIVE
 1 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109
 US

ONE FISHER ISLAND DRIVE
 1 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109-0001
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0036634

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LE VINE, DENISE
 41219 FISHER ISLAND DRIVE
 FISHER ISLAND FL 33109

Name **Gary Poliakoff**
 Street Address (P.O. Box Number is Not Acceptable) **Becker & Poliakoff, Atty. at Law.**
3111 Stirling Road
 City **Fort Lauderdale** FL Zip Code **33319**

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.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title (if applicable)
GARY POLIAKOFF, Atty. at Law.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LE VINE, DENISE	
STREET ADDRESS	41219 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PERESKY, LINDA	
STREET ADDRESS	41211 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, BETTY	
STREET ADDRESS	41221 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Kelline	
STREET ADDRESS	ONE Fisher Island Drive	
CITY-ST-ZIP	Fisher Island, Fl 33109	
TITLE	Treasurer Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Peresky	
STREET ADDRESS	One Fisher Island Drive	
CITY-ST-ZIP	Fisher Island Fl 33109	
TITLE	Secretary Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Mitchell	
STREET ADDRESS	One Fisher Island Drive	
CITY-ST-ZIP	Fisher Island, Fl 33109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-674-1222
1/25/2000

CR2E037 (9/99)