

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # N23894

1. Entity Name
 MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE FISHER ISLAND 33109 US	FL	Mailing Address ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE FISHER ISLAND 33109 US	FL
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2. Principal Place of Business ONE FISHER ISLAND DRIVE	3. Mailing Address ONE FISHER ISLAND DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FISHER ISLAND FL	City & State FISHER ISLAND FL
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Zip 33109	Country US	Zip 33109	Country US
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4. FEI Number
65-0036634

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POLIAKOFF GARY
 3111 STIRLING ROAD

FORT LAUDERDALE FL
 33312 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE **04/30/2001**

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

**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

TITLE	SD <input type="checkbox"/> Delete
NAME	MITCHELL BETTY
STREET ADDRESS	ONE FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE	TD <input type="checkbox"/> Delete
NAME	PARESKY LINDA
STREET ADDRESS	ONE FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE	PD <input type="checkbox"/> Delete
NAME	LEVINE DENISE
STREET ADDRESS	ONE FISHER ISLAND DR
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF ALLISON
STREET ADDRESS	ONE FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL BETTY
STREET ADDRESS	ONE FISHER ISLAND DR
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)(f), 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: Betty Mitchell PD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)