

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90105 040 ****61.25

001.0301

DOCUMENT # N23894
 1. Entity Name
MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US	Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0036634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POLIAKOFF, GARY
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name **LINDA PARESKY**
 Street Address (P.O. Box Number is Not Acceptable)
ONE FISHER ISLAND DRIVE
 City **FISHER ISLAND FL** Zip Code **33109**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME LINDA PARESKY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS ONE FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND, FL. 33109	
TITLE TD	NAME ALLISON WOLF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS ONE FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND, FL. 33109	
TITLE SD	NAME KAREN PALMER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS ONE FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND, FL. 33109	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am empowered.

SIGNATURE: SIGNATURE REQUIRED **1-09-02 305-532-3149**

CR2E037 (9/01)