

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90386 050 ****70.00

DOCUMENT # N29613

1. Entity Name
MARINER VILLAGE SQUARE ASSOCIATION, INC.



Principal Place of Business

10451 N.W. 33 STREET
MIAMI, FL 33172 US

Mailing Address

7990 SW 117 AVE
SUITE 203
MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0249462

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN TABOR & ASSOCIATES
10451 N.W. 33 STREET
MIAMI, FL 33166

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TABOR, MARTIN A.
STREET ADDRESS 10451 NW 33 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME RAMOS, OSIRIS
STREET ADDRESS 10451 NW 33 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME TABOR, ABBY
STREET ADDRESS 10451 NW 33 ST
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

772-463-7400

Daytime Phone #