## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 13, 2005 8:00 am Secretary of State DOCUMENT # N42642 1. Entity Name 04-13-2005 90038 017 \*\*\*\*61.25 MARINA MILE 84 ASSOCIATION, INC. Principal Place of Business Mailing Address 2507 ANDROS LANE FT. LAUDERDALE FL 33312-4745 US 2507 ANDROS LANE FT. LAUDERDALE FL 33312-4745 20031434 2. Principal Place of Business 3453 Flymore street 3453 Fillmore Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 65-0343979 Hollywood tolly wood Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Broward 33021 Browsol Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ...SAME . \_ \_\_\_ **POLCINI** Street Address (P.O. Box Number is Not Acceptable) 2507 ANDROS LANE - 3 FT. LAUDERDALE FL 33312 Fillmore street Zip Code 3302 Holliwood 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 \_ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BIGGER, WILLIAM NAME 2300 GLADES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-7IP TITLE **A** Delete TITLE **∑**'Change ☐ Addition RICHARD M POLCINI NAME NAME 3453 Fillmore street 2507 ANDROS LANE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP Hollywood, F1.33021 CITY-ST-7IP TIBE ☐ Defete TIT! F Change Addition RUBANO, JOSEPH NAME. 2555 STATE RD 84 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 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 AND THE OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: \_/

FILED

ichard M. Polcini 4-8-05 954-322-0000
A DIRECTOR Date Departe Phone #