

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005551 (7)**

1. Corporation Name

**MARINA DEL REY ASSOCIATION, INC.**



Principal Place of Business <del>121 W. LEXINGTON DRIVE ANNEX-222 GLENDALE CA 91203</del>	Mailing Address <del>115 SE 13TH STREET SUITE C FORT LAUDERDALE FL 33316</del>
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3. Date Incorporated or Qualified <b>12/09/1993</b>	4. FEI Number <b>65-0514340</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>3370 N.E. 190th Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>225 Millburn Avenue</b> Suite, Apt. #, etc.
22 City & State 23 <b>Aventura, FL</b>	27 City & State 28 <b>Millburn, NJ</b>
24 Zip <b>33180</b>	29 Country <b>07041</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <del>WEISS, SUZANNE Z 115 SE 13TH STREET, SUITE C FT LAUDERDALE FL 33316</del>	10. Name and Address of New Registered Agent 81 Name <b>Philip J. Spiegelman</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3370 N.E. 190th Street</b> 83 84 City <b>Aventura</b> <b>FL</b> 85 Zip Code <b>33180</b>
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11. Pursuant to the provisions of Sections 612.002 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0508, Florida Statutes.

SIGNATURE *Philip J. Spiegelman* DATE **4/21/98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <del>SPINOLLO, RONALD L</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>121 E. LEXINGTON, A-M</del>	1.2 NAME	<b>Marc E. Berson</b>
STREET ADDRESS	<del>GLENDALE CA 91203</del>	1.3 STREET ADDRESS	<b>225 Millburn Avenue, Suite 202</b>
CITY-ST-ZIP	<del>GLENDALE CA 91203</del>	1.4 CITY-ST-ZIP	<b>Millburn, NJ 07041</b>
TITLE	VRD <del>MC MILLAN, W J</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>121 W. LEXINGTON, A-M</del>	2.2 NAME	<b>Mitchell S. Schneiderman</b>
STREET ADDRESS	<del>GLENDALE CA 91203</del>	2.3 STREET ADDRESS	<b>225 Millburn Avenue, Suite 202</b>
CITY-ST-ZIP	<del>GLENDALE CA 91203</del>	2.4 CITY-ST-ZIP	<b>Millburn, NJ 07041</b>
TITLE	ASD <del>HESS, TERRY D</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>414 NO. CENTRAL</del>	3.2 NAME	<b>John Collins</b>
STREET ADDRESS	<del>GLENDALE CA 91203</del>	3.3 STREET ADDRESS	<b>4000 Old Dixie Highway</b>
CITY-ST-ZIP	<del>GLENDALE CA 91203</del>	3.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>
TITLE	SD <del>WEISS, SUZANNE Z</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>115 SE 13TH STREET, #C</del>	4.2 NAME	<b>Murray Kushner</b>
STREET ADDRESS	<del>FORT LAUDERDALE FL 33316</del>	4.3 STREET ADDRESS	<b>981 Route 22, P.O. Box 6872</b>
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33316</del>	4.4 CITY-ST-ZIP	<b>Bridgewater, NJ 08807</b>
TITLE	D <del>JONES, RAYMOND</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>212 SO TRYON ST., #500</del>	5.2 NAME	<b>Keith Downey</b>
STREET ADDRESS	<del>CHARLOTTE NC 28201</del>	5.3 STREET ADDRESS	<b>212 South Tryon Street, Suite 500</b>
CITY-ST-ZIP	<del>CHARLOTTE NC 28201</del>	5.4 CITY-ST-ZIP	<b>Charlotte, North Carolina 28287</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mitchell S. Schneiderman* 4/20/98 973-467 4300 x104

CR2E037 (10/97)