

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90057 011 \*\*\*\*61.25

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**DOCUMENT # N93000005551**

1. Corporation Name

**MARINA DEL REY ASSOCIATION, INC.**

Principal Place of Business

3370 NE 190 TH ST  
ANNEX-MEZZANIE  
AVENTURA FL 33180  
US

Mailing Address

225 MILLBURN AVE  
STE 202  
MILLBURN NJ 07041  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/09/1993

4. FEI Number

65-0514340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WEISS, SUZANNE Z  
115 SE 13TH STREET, SUITE C  
FT LAUDERDALE FL 33316

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BERSON, MARC  
STREET ADDRESS 225 MILLBURN AVE, STE 202  
CITY-ST-ZIP MILLBURN NJ 07041

☐ DELETE

TITLE VPD  
NAME SCHNEIDERMAN, MITCHELL  
STREET ADDRESS 121 W. LEXINGTON, A-M  
CITY-ST-ZIP GLENDALE CA 91203

☐ DELETE

TITLE SD  
NAME COLLINS, JOHN  
STREET ADDRESS 4000 OLD DIXIE HWY  
CITY-ST-ZIP ORMOND BCH FL 32174

☐ DELETE

TITLE TD  
NAME KUSHNER, MURRAY  
STREET ADDRESS 981 RTE 22 POB 6872  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

☐ DELETE

TITLE D  
NAME DOWNEY, KEITH  
STREET ADDRESS 212 S TRON ST, STE 500  
CITY-ST-ZIP CHARLOTTE NC 28287

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SCHNEIDERMAN, MITCHELL  
225 MILLBURN AVE., STE 202  
MILLBURN, NJ 07041

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

KUSHNER, MURRAY  
981 RTE 22  
BRIDGEWATER, NJ 08807

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*Mitchell Schneiderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 903-462-4300

CR2E037 (11/98)