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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 DELETE

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

TITLE VPD DELETE

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

TITLE SD DELETE

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

TITLE TD DELETE

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

TITLE D DELETE

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

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 SCHNEIDERMAN, MITCHELL
2.3 STREET ADDRESS 225 MILLBURN AVE., STE 202
2.4 CITY-ST-ZIP 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 KUSHNER, MURRAY
4.3 STREET ADDRESS 981 RTE 22
4.4 CITY-ST-ZIP 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* 2/22/99 903-462-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)