


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90071 007 \*\*\*\*61.25

<b>DOCUMENT # N95000002018</b> 1. Entity Name <b>MARINA REAL CONDOMINIUM NO. 5 ASSOCIATION, INC.</b>					
Principal Place of Business <b>275 FONTAINEBLEAU BLVD</b> <b>140</b> <b>MIAMI, FL 33172 US</b>			Mailing Address <b>C/O EXCEL MANAGEMENT ASSOCIATES, INC.</b> <b>2510 N.W. 97TH AVE., SUITE 200</b> <b>DORAL, FL 33172</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0588563</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIQUE, SYLVIA</b> <b>C/O EXCEL MANAGEMENT</b> <b>2510 NW 97 AVE 200</b> <b>MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, GRACE		NAME		
STREET ADDRESS	1192 NW 123 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRERA, LIBIA		NAME		
STREET ADDRESS	1196 NW 123 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NANEZ, SANDRA		NAME		
STREET ADDRESS	1187 NW 123 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUJICA, GUSTAVO		NAME		
STREET ADDRESS	1170 NW 123 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTAMARIA, EDUARDO		NAME		
STREET ADDRESS	1174 NW 123 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>Grace Kelly</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/21/07 305-436 6655</u> <small>Date Daytime Phone #</small>		

40062370



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0588563**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PIQUE, SYLVIA**  
**C/O EXCEL MANAGEMENT**  
**2510 NW 97 AVE 200**  
**MIAMI, FL 33172**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐

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

**Make check payable to Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, GRACE	
STREET ADDRESS	1192 NW 123 CT	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERRERA, LIBIA	
STREET ADDRESS	1196 NW 123 CT	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NANEZ, SANDRA	
STREET ADDRESS	1187 NW 123 CT	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	D	<input type="checkbox"/> Delete
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CITY-ST-ZIP	MIAMI, FL 33182	
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NAME	SANTAMARIA, EDUARDO	
STREET ADDRESS	1174 NW 123 CT	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #