

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90031 015 \*\*\*\*61.25

**DOCUMENT # N95000004824**

1. Entity Name  
**MARINA REAL CONDOMINIUM NO. 6 ASSOCIATION, INC.**



Principal Place of Business  
**275 FONTAINEBLEAU BLVD  
#140  
MIAMI, FL 33172 US**

Mailing Address  
**C/O EXCEL MANAGEMENT ASSOCIATES, INC.  
2510 N.W. 97TH AVENUE, SUITE 200  
DORAL, FL 33172**

40057306



2. Principal Place of Business - No P.O. Box #  
**40 Excel Management**

3. Mailing Address

Suite, Apt. #, etc.  
**2510 NW 97th Ave #200**

Suite, Apt. #, etc.

City & State  
**DORAL**

City & State

Zip  
**FL**

Country  
**33172**

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0609195**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
DIAZ DE ARCE, OMAR  
1175 NW 123 COURT  
MIAMI, FL 33182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RIVERA, ANTONIO  
1145 NW 123 COURT  
MIAMI, FL 33182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BRAVO, IVAN  
1185 NW 123 CT  
MIAMI, FL 33182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MEDINA, ERICK  
1183 NW 123 CT  
MIAMI, FL 33182** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/07

305-436 6655