	ncipal Place of Business: I STREET, STE. 301 L 33180		5190783551	00
Current Mai	ling Address:			
	5TH STREET, STE. 301 FL 33180 US			
FEI Number: 82-3738227			Certificate of Status Desired:	No
Name and Address of Current Registered Agent:				
COHEN, GARY 2750 NE 185TH AVENTURA, FL	I STREET, STE. 301			
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.				
SIGNATURE	E GARY COHEN		06/1	9/2020
SIGNATURE	Electronic Signature of Registered Agent			9/2020 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title		
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : DPVP		DST	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301	Name Address	DST COHEN, GARY	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301	Name Address	DST COHEN, GARY 2750 NE 185TH STREET, STE. 301	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301 AVENTURA FL 33180	Name Address	DST COHEN, GARY 2750 NE 185TH STREET, STE. 301	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DPVP COHEN, GARY 2750 NE 185TH STREET, STE. 301 AVENTURA FL 33180 D	Name Address	DST COHEN, GARY 2750 NE 185TH STREET, STE. 301	

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PRIVE AT ISLAND ESTATES MARINA ASSOCIATION, INC.

DOCUMENT# N17000012390

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY COHEN

DPVP

FILED Jun 19, 2020

Secretary of State

5190783551CC

Electronic Signature of Signing Officer/Director Detail