

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728672 (7)**  
1. Corporation Name  
**THE MARBELLA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 250 S. OCEAN BLVD. BOCA RATON FL 33432	Mailing Address 250 S. OCEAN BLVD. BOCA RATON FL 33432-6213
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/30/1974</b>		3a. Date of Last Report <b>03/19/1996</b>	
21	Suite, Apt #, etc.			26	Suite, Apt #, etc.		
22	City & State			27	City & State		
23	Zip	Country	28	Zip	Country	29	30
4. FEI Number <b>59-1616080</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>POLIAKOFF, GARY A., ESQUIRE 8520 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33310-9057</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, PHILIP</b>	1.2 NAME	
STREET ADDRESS	<b>250 SOUTH OCEAN BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESHA, ANTHONY</b>	2.2 NAME	<b>LESHA, ANTHONY</b>
STREET ADDRESS	<b>250 SOUTH OCEAN BLVD.</b>	2.3 STREET ADDRESS	<b>250 SOUTH OCEAN BLVD</b>
CITY-ST-ZIP	<b>BOVA RATON FL</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, PHYLLIS</b>	3.2 NAME	
STREET ADDRESS	<b>250 SOUTH OCEAN BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEITNER, GORDON</b>	4.2 NAME	
STREET ADDRESS	<b>250 SOUTH OCEAN BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VOLKEMA, RUSSELL</b>	5.2 NAME	<b>SIMON, LEON</b>
STREET ADDRESS	<b>250 S. OCEAN BLVD.</b>	5.3 STREET ADDRESS	<b>250 SOUTH OCEAN BLVD.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>250 SOUTH OCEAN BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Philip Smith DATE: 3/27/97 (561) 368-2869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0036616

CFR2E037 (9/96)