

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:15

DOCUMENT # 737518 (1)

1. Corporation Name

MARBELLA TOWER OWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

200 178TH DRIVE
SUNNY ISLES
NORTH MIAMI BEACH FL 33160
US

200 178TH DRIVE
SUNNY ISLES
NORTH MIAMI BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1976	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2239890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAZIADEI, WILLIAM 200 178TH DRIVE, SUITE #307 SUNNY ISLES NORTH MIAMI BEACH FL 33160				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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAZIADEI, WILLIAM	1.2 NAME	GRAZIADEI, William
STREET ADDRESS	200 178TH DRIVE #307	1.3 STREET ADDRESS	200-178TH DRIVE 307
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPRESTI, FRANK	2.2 NAME	Weatherford, Linda
STREET ADDRESS	200 178TH DRIVE #710	2.3 STREET ADDRESS	200-178TH DRIVE #502
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	North Miami Beach FL 33160
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAER, BYRON	3.2 NAME	Byron Baer
STREET ADDRESS	200 178TH DRIVE #304	3.3 STREET ADDRESS	200 178TH DRIVE #304
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	North Miami Beach FL 33160
TITLE	BD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALSOPI, R. JEFFREY	4.2 NAME	Alsoop R. Jeffrey
STREET ADDRESS	200 178TH DRIVE #402	4.3 STREET ADDRESS	200-178TH DRIVE 402
CITY-ST-ZIP	NORTH MIAMI BEACH FL	4.4 CITY-ST-ZIP	North Miami Beach FL 33160
TITLE	BD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIERZYNSKI, JAN	5.2 NAME	LOWE, Lucille
STREET ADDRESS	200 178TH DRIVE #409	5.3 STREET ADDRESS	200 178TH DR 702
CITY-ST-ZIP	NORTH MIAMI BEACH FL	5.4 CITY-ST-ZIP	North Miami Beach FL 33160
TITLE	BD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, MARY	6.2 NAME	LeBlanc Mary
STREET ADDRESS	200 178TH DRIVE #307	6.3 STREET ADDRESS	200-178TH DRIVE 307
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	MIAMI BEACH FL 33160

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Byron Baer 4/21/95 305 932-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #