

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 737518 (1)

1. Corporation Name
MARBELLA TOWER OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
200 178TH DRIVE SUNNY ISLES NORTH MIAMI BEACH FL 33160 US
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3. Date Incorporated or Qualified 12/13/1976
3a. Date of Last Report 04/26/1995

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-2239890
Applied For Not Applicable

Suite, Apt. #, etc. 22
27

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

City & State 23
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24 25
29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAZIADEI, WILLIAM	
STREET ADDRESS	200 178TH DRIVE #307	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEATHERFORD, LINDA	
STREET ADDRESS	200-178TH DRIVE #502	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BAER, BYRON	
STREET ADDRESS	200 178TH DRIVE #304	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	ALSOP, R. JEFFREY	
STREET ADDRESS	200 178TH DRIVE #402	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	MIERZYNSKI, JAN	
STREET ADDRESS	200 178TH DRIVE #409	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	LEBLANC, MARY	
STREET ADDRESS	200 178TH DRIVE #307	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	BD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LUCILLE LOWE
3.3 STREET ADDRESS	200 178th drive #509
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	BD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	YOLANDE FORTIN
5.3 STREET ADDRESS	200 178th drive #405
5.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP JESSIE ROSENZWEIG
6.3 STREET ADDRESS	200 178th drive #407
6.4 CITY-ST-ZIP	Miami Beach FL

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 119.07(3)(k), 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: *Yolande Fortin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 13-1-96
Daytime Phone #

CR2E037 (12/95)