


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90482 007 ****61.25

DOCUMENT # 737518

1. Entity Name
MARBELLA TOWER OWNERS ASSOCIATION, INC.




Principal Place of Business
 19501 NE 12TH AVE., STE 300
 MIAMI, FL 33179 US

Mailing Address
 19501 NE 12TH AVE., STE 300
 SUNNY ISLES
 MIAMI, FL 33179 US

2. Principal Place of Business
Unlimited Property Management, LLC
 7655 NW 50 Street
 Miami, Florida 33166
 305-553-9731

3. Mailing Address
Unlimited Property Management, LLC
 7655 NW 50 Street
 Miami, Florida 33166
 305-553-9731

50017894



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2239890 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MJB MANAGEMENT SERVICES, INC.
 19501 NE 12TH AVE., STE 300
 MIAMI, FL 33179

Name
 Street Ad
 City

7. Name and Address of New Registered Agent

Unlimited Property Management, LLC
 7655 NW 50 Street
 Miami, Florida 33166
 305-553-9731

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 _____ DATE **4/22/08**

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

Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTONE, FRANK 200-178TH DRIVE #505 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICARDO PINCON 200-178th Drive #312 Sunny Isles, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVALDS, MARCELO 200-178TH DRIVE #508 SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, JAIRO 200-178TH DRIVE #401 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SEC Rodriguez, Jairo 200-178 Drive #401 Sunny Isles, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD BRAVO, ELIZABETH 200-178TH DR #307 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORALES, EDGAR 200-178 DRIVE #707 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, SARA 200 - 178TH DR. #304 SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **FRANK ORTONE** **04/26/06** **305-553-9731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #