


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762237 (6)**

1. Corporation Name  
**MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>67A S. MARBRISA WAY KISSIMMEE FL 34743-5888 US</b>	Mailing Address <b>67A S. MARBRISA WAY KISSIMMEE FL 34743-5888 US</b>
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3. Date Incorporated or Qualified <b>06/09/1982</b>		
4. FEI Number <b>59-2369311</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**ALLMAN JR., WILLIAM H.  
101 E. MARBRISA WAY  
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 William H. Allman Jr. - Treasurer DATE 4/24/98

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	ALLMAN, BILL	
STREET ADDRESS	101 E MARBRISA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CHESTERMAN, NONA	
STREET ADDRESS	55 W MARBRISA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GLANDER, CARLENE	
STREET ADDRESS	108 E. MARBRISA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPP, JOSEPH	
STREET ADDRESS	48 W MARBRISA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORRY, ALBERT	
STREET ADDRESS	67 SOUTH MARBRISA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONDINI, ED	
STREET ADDRESS	37 W. MARBRISA WAY	
CITY-ST-ZIP	KISSIMMEE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: William H. Allman Jr. - Treasurer DATE 4/24/98 407 348 6260

CR2E037 (10/97)

***Marbrisa Villas Homeowners Association Inc***  
***67 A South Marbrisa Way***  
***Kissimmee FL 34743-4356***

**Telephone (407) 348-6260**

**List of Directors & Officers - 1998**

<b>William H Allman, Jr.</b> <b>101 E Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Treasurer/Manager</b>	<b>348-5179</b>
<b>Nona Chesterman</b> <b>55 W Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Secretary/Director</b>	<b>348-5685</b>
<b>William Fagan</b> <b>24 W Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Director</b>	<b>348-7637</b>
<b>Al Forry</b> <b>67 S Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>President/Director</b>	<b>344-1095</b>
<b>Carlene Glander</b> <b>106 E Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Vice-President/Director</b>	<b>344-1381</b>
<b>William Miller</b> <b>3 W Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Director</b>	<b>348-5993</b>
<b>Joseph Popp</b> <b>48 W Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Director</b>	<b>348-5824</b>
<b>Judy Quatrone</b> <b>39 W Marbrisa Way</b> <b>Kissimmee FL 34743</b>	<b>Director</b>	<b>344-9242</b>