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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 762237
 1. Corporation Name
MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 67A S. MARBRISA WAY, KISSIMMEE FL 34743-5888, US
 Mailing Address: 67A S. MARBRISA WAY, KISSIMMEE FL 34743-5888, US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/09/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2369311
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
29	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees

ALLMAN JR., WILLIAM H. 101 E. MARBRISA WAY KISSIMMEE FL 34743	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLMAN, BILL	1.2 NAME	D. William Fagan
STREET ADDRESS	101 E MARBRISA WAY	1.3 STREET ADDRESS	24 W Marbrisa Way
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS CHESTERMAN, NONA	2.2 NAME	D VP Margaret Jennings
STREET ADDRESS	55 W MARBRISA WAY	2.3 STREET ADDRESS	38 W Marbrisa Way
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP GLANDER, CARLENE	3.2 NAME	D William Miller
STREET ADDRESS	106 E. MARBRISA WAY	3.3 STREET ADDRESS	3 W Marbrisa Way
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D POPP, JOSEPH	4.2 NAME	DS Judith Quatrome
STREET ADDRESS	48 W MARBRISA WAY	4.3 STREET ADDRESS	39 W Marbrisa Way
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP FERRY, ALBERT	5.2 NAME	D Donald Wright
STREET ADDRESS	67 SOUTH MARBRISA WAY	5.3 STREET ADDRESS	50 W Marbrisa Way
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MONDINI, ED	6.2 NAME	
STREET ADDRESS	37 W. MARBRISA WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	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, with all other like empowered.

SIGNATURE: *William Fagan* **SIGNATURE REQUIRED** 4/13/99 407 348 6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)