

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90109 041 ****61.25

DOCUMENT # 762237

1. Entity Name

MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

67A S. MARBRISA WAY
 KISSIMMEE FL 34743-5888
 US

67A S. MARBRISA WAY
 KISSIMMEE FL 34743-4356
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2369311

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

SIGNATURE William H. Allman Jr. (Treas.) William H. Allman Jr. 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	FAGAN, WILLIAM	24 W. MARBRISA WAY	KISSIMMEE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	JENNINGS, MARGARET	38 W. MARBRISA WAY	KISSIMMEE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	MILLER, WILLIAM	3 MARBRISA WAY	KISSIMMEE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	WRIGHT, DONALD	50 MARBRISA WAY	KISSIMMEE FL	<input type="checkbox"/>	<input type="checkbox"/>
D P	FORRY, ALBERT	67 SOUTH MARBRISA WAY	KISSIMMEE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	MONDINI, ED	37 W. MARBRISA WAY	KISSIMMEE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Quatrone, Judith	39 West Marbrisa Way	Kissimmee FL 34743	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MANOCCHIO, DAMIANO	91 EAST MARBRISA WAY	Kissimmee FL 34743	<input type="checkbox"/>	<input type="checkbox"/>
D	Popp, Joseph	48 West Marbrisa Way	Kissimmee FL 34743	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Allman, William H. (Jr.)	101 East Marbrisa Way	Kissimmee FL 34743	<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: William H. Allman Jr. REQUIRED Treasurer 4/28/00 4073486260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)