


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90079 032 ****61.25

DOCUMENT # 762237			
1. Entity Name MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business <UNUSED> KISSIMMEE, FL 34743 US		Mailing Address 67A S. MABRISA WAY KISSIMMEE, FL 34743 US	
2. Principal Place of Business 8009 S. ORANGE AVE Suite, Apt. #, etc.		3. Mailing Address 8009 S. ORANGE AVE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32809	Country ORANGE	Zip 32809	Country ORANGE
6. Name and Address of Current Registered Agent ALLMAN JR., WILLIAM H. 101 E. MARBRISA WAY KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name: Rebecca Furlow Street Address (P.O. Box Number is Not Acceptable): 410 Leland Inge Lnc 8009 S. ORANGE AVE City: ORLANDO FL Zip Code: 32809	
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: <i>Rebecca Furlow</i>		DATE: 4-5-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: D NAME: LEVESQUE, ROBERT MR STREET ADDRESS: 22 W MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE: VP NAME: JUDITH QUATRONE STREET ADDRESS: 39 W. MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: JENNINGS, MARGARET MS STREET ADDRESS: 38 W. MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL	<input type="checkbox"/> Delete	TITLE: TRD NAME: CARMEN LEBRON STREET ADDRESS: 61 S. MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: FORRY, ALBERT MR STREET ADDRESS: 67 S MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: DOMINIC CICOZZO STREET ADDRESS: 9 WEST MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: RONDINELL, IRIS STREET ADDRESS: 29 W MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MICHAEL NEGRO STREET ADDRESS: 97 E. MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: POPP, JOSEPH STREET ADDRESS: 48 WEST MANBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete	TITLE: SEC NAME: SONIA BRAY-ROBERTO STREET ADDRESS: 120 E MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: PARTEN, JEAN MS STREET ADDRESS: 69 S MARBRISA WAY CITY-ST-ZIP: KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Margaret A. Jennings</i>		DATE: 4-12-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	