

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762237

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S ORANGE AVE  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

8009 S ORANGE AVE  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number: 59-2369311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURLOW, REBECCA  
C/O LELAND MGT, INC  
8009 S ORANGE AVE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: QUATRONE, JUDITH  
Address: 39 WEST MARBRISA WAY  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete  
Name: LEBRON, CARMEN C  
Address: 61 SOUTH MARBRISA WAY  
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete  
Name: SAROSY, THOMAS J  
Address: 51 WEST MARBRISA WAY  
City-St-Zip: KISSIMMEE, FL 34743

Title: T ( ) Delete  
Name: MARCELINO, CAMELIA A  
Address: 99 EAST MARBRISA WAY  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: NEGRON, MICHAEL A  
Address: 97 EAST MARBRISA WAY  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH QUATRONE

P

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date