


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 011 ****61.25

DOCUMENT # 762237			
1. Entity Name MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 8009 S ORANGE AVE ORLANDO, FL 32809 US		Mailing Address 8009 S ORANGE AVE ORLANDO, FL 32809 US	
2. Principal Place of Business - No P.O. Box # 1128 East Donegan Ave		3. Mailing Address 1128 East Donegan Ave	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34744		Zip 34744	
Country USA		Country USA	
4. FEI Number 59-2369311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FURLOW, REBECCA C/O LELAND MGT, INC 8009 S ORANGE AVE ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name: FRAYDA MORRIS Street Address (R.O. Box Number is Not Acceptable): 40 Central Association Mngt 1128 East Donegan Ave City: Kissimmee FL Zip Code: 34744	
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: <u>FRAYDA R. MORRIS</u>		SIGNATURE: <u>FRAYDA R. MORRIS</u> DATE: <u>1/22/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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: P	NAME: QUATRONE, JUDITH	TITLE:	NAME:
STREET ADDRESS: 39 WEST MARBRISA WAY	CITY-ST-ZIP: KISSIMMEE, FL 34743	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VP	NAME: LEBRON, CARMEN C	TITLE:	NAME:
STREET ADDRESS: 61 SOUTH MARBRISA WAY	CITY-ST-ZIP: KISSIMMEE, FL 34743	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: S	NAME: SAROSY, THOMAS J	TITLE:	NAME:
STREET ADDRESS: 51 WEST MARBRISA WAY	CITY-ST-ZIP: KISSIMMEE, FL 34743	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: T	NAME: MARCELINO, CAMELIA A	TITLE:	NAME:
STREET ADDRESS: 99 EAST MARBRISA WAY	CITY-ST-ZIP: KISSIMMEE, FL 34743	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: D	NAME: NEGRON, MICHAEL A	TITLE:	NAME:
STREET ADDRESS: 97 EAST MARBRISA WAY	CITY-ST-ZIP: KISSIMMEE, FL 34743	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Judith Guyer</u>		SIGNATURE: <u>Judith Guyer</u> DATE: <u>2/5/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

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