

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762237

FILED
Jul 22, 2009
Secretary of State

Entity Name: MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1128 EAST DONEGAN
KISSIMMEE, FL 34744 US

New Principal Place of Business:

1136 EAST DONEGAN
KISSIMMEE, FL 34744 US

Current Mailing Address:

1128 EAST DONEGAN
KISSIMMEE, FL 34744 US

New Mailing Address:

1136 EAST DONEGAN
KISSIMMEE, FL 34744 US

FEI Number: 59-2369311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRIS, FRAYDA
C/O LELAND MGT, INC
1128 EAST DONEGAN AVE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

MORRIS, FRAYDA
CENTRAL ASSOCIATION MANAGEMENT
1128 EAST DONEGAN AVE
KISSIMMEE, FL 34744 US

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: FRAYDA MORRIS

07/22/2009

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: 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:

I hereby certify that the information supplied with this filing does not qualify 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

07/22/2009

Electronic Signature of Signing Officer or Director

Date