


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90278 024 \*\*\*\*61.25

**DOCUMENT # N03000002471**

1. Entity Name  
**MARQUESA CONDOMINIUM ASSOCIATION ON ESPANOLA WAY, INC.**



**54043827**



Principal Place of Business  
 724 ESPANOLA WAY  
 MIAMI BEACH, FL 33139

Mailing Address  
 724 ESPANOLA WAY  
 MIAMI BEACH, FL 33139

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04232004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**83-0361461**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, JAMES**  
**450 ARTHUR GODFREY ROAD**  
**MIAMI BEACH, FL 33140**

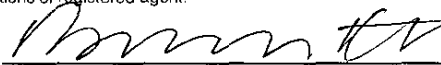
7. Name and Address of New Registered Agent

Name **Brian K. Frazier**

Street Address (P.O. Box Number is Not Acceptable)  
**724 Espanola Way, No. 1**

City **Miami Beach** **FL** **33139**

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  **Brian K. Frazier** **4/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAVER, JAMES</b> <b>PO BOX 190651</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KARLOCK, MADISON K</b> <b>PO BOX 190651</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RODRIGUEZ, RENE T</b> <b>PO BOX 190651</b> <b>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Brian K. Frazier</b> <b>724 Espanola Way, No 1</b> <b>Miami Beach, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fernando Rodriguez</b> <b>724 Espanola Way, No 2</b> <b>Miami Beach, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer/Director</b> <input checked="" type="checkbox"/> Addition <b>Alexandra Serra</b> <b>724 Espanola Way, No 5</b> <b>Miami Beach, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **Brian K. Frazier** **4/24/04** **305.961.9160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #