

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010108

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** MARBELLA OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 142055  
CORAL GABLES, FL 33114

**New Principal Place of Business:**

1561 LENOX AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

P.O. BOX 142055  
CORAL GABLES, FL 33114

**New Mailing Address:**

309 23RD STREET  
#300  
MIAMI BEACH, FL 33139

FEI Number: 65-1220148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACHADO, CARLOS  
C/O RODRIGUEZ & MACHADO, P.A.  
101 MADEIRA AVENUE  
CORAL GABLES, FL 33114 US

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

REGATTA REAL ESTATE MANAGEMENT  
309 23RD STREET  
#300  
MIAMI BEACH, FL 33139 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: TIM VODA

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MACHADO, CARLOS  
Address: P.O. BOX 142055  
City-St-Zip: CORAL GABLES, FL 33114

Title: VD ( ) Delete  
Name: MACHADO, MARIA  
Address: P.O. BOX 142055  
City-St-Zip: CORAL GABLES, FL 33114

Title: STD ( ) Delete  
Name: PEREZ, JUAN  
Address: P.O. BOX 142055  
City-St-Zip: CORAL GABLES, FL 33114

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

Title: D (X) Change ( ) Addition  
Name: DORESTE, WILLIAM  
Address: 1561 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition  
Name: TORRES, CAROLYN  
Address: 1561 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition  
Name: BARDO, PHILIPPE  
Address: 1561 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM DORESTE

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date