

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N03000010626

Entity Name: MARBELLA COVE AT WATERSTONE HOA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVE SUITE 205  
HOMESTEAD, FL 33030 US

**Current Mailing Address:**

**New Mailing Address:**

C/O ALTON MADISON PROP MGMT  
PO BOX 901773  
HOMESTEAD, FL 33090

FEI Number: 51-0493098      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:**

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

SKRLD  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: BROWN, TAMELA  
Address: 381 N KROME AVENUE, SUITE 205  
City-St-Zip: HOMESTEAD, FL 33030

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

Title: D ( ) Delete  
Name: SANCHEZ, DEBORAH  
Address: 381 N KROME AVENUE, SUITE 205  
City-St-Zip: HOMESTEAD, FL 33030

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

Title: PD ( ) Delete  
Name: REYES, MARK  
Address: 381 N KROME AVENUE, SUITE 205  
City-St-Zip: HOMESTEAD, FL 33030

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: MARK REYES

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date