

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthang  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:35

DOCUMENT # **N23483 (3)**  
1. Corporation Name  
**MARBELLA WOODS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~400 DUON DR~~ ~~C/O ANGELA GORDON~~  
~~ORLANDO FL 32808~~ ~~ORLANDO FL 32808~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/16/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2860876</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>52 E. South Street</b>	26. <b>52 E. South Street</b>
State, Apt #, etc.	State, Apt #, etc.
22.	27.
City & State	City & State
23. <b>Orlando, FL</b>	28. <b>Orlando, FL</b>
Zip	Zip
24. <b>32801</b>	29. <b>32801</b>
Country	Country
25. <b>Orange</b>	30. <b>Orange</b>

9. Name and Address of Current Registered Agent  
~~ANGELA GORDON PROPERTY MANAGEMENT INC.~~  
~~ATTN: CHRISTOPHER KOBACK~~  
~~4000 DUON DR.~~  
~~ORLANDO FL 32808~~

10. Name and Address of New Registered Agent	
B1. Name	<b>Don Asher &amp; Associates, Inc.</b>
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>52 E. South Street</b>
B3.	
B4. City	<b>Orlando, FL</b>
B5. Zip Code	<b>32801</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505.

SIGNATURE: *Don Asher* **6/29/95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>ST</b>
NAME	<b>BYRD, STEPHEN</b>
STREET ADDRESS	<b>1037 SUMMER LAKES RD.</b>
CITY, ST, ZIP	<b>ORLANDO FL</b>
TITLE	<b>D, VICE PRESIDENT</b>
NAME	<b>GUARINO, ROBERT</b>
STREET ADDRESS	<b>5105 ERNST CT</b>
CITY, ST, ZIP	<b>ORLANDO FL</b>
TITLE	<b>P</b>
NAME	<b>SMITH, HARRY</b>
STREET ADDRESS	<b>6064 ERNST CT</b>
CITY, ST, ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Young, Glenda</b>
1.3 STREET ADDRESS	<b>5062 Ernst Court</b>
1.4 CITY, ST, ZIP	<b>Orlando, FL 32819</b>
2.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>Peplet, Vanessa</del>
2.3 STREET ADDRESS	<del>5095 Ernst Court</del>
2.4 CITY, ST, ZIP	<del>Orlando, FL 32819</del>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ST/D PECKET, VANESSA</b>
3.3 STREET ADDRESS	<b>5095 ERNST COURT</b>
3.4 CITY, ST, ZIP	<b>ORLANDO, FL 32819</b>
4.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Guarino, Robert</b>
4.3 STREET ADDRESS	<b>5105 Ernst Court</b>
4.4 CITY, ST, ZIP	<b>Orlando, FL 32819</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenda Young* **3/29/95**

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93648  
Corporation Name  
Ocala - Marion County Community AIDS Network, Inc.

APPROVED  
AND  
FILED

MAY 20 PM 5:10

TALLAHASSEE, FLORIDA  
50001545225  
-07/25/95--01058--005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3820 E. Silver Springs Blvd  
Ocala, Florida

Mailing Address  
P.O. Box 387  
Ocala, FL 34478

3. Date Incorporated or Qualified  
Nov 1987

3a. Date of Last Report

4. FEI Number  
59-2911265

Applied For  
 Not Applicable

21. Principal Place of Business  
3820 E. Silver Springs Blvd

2a. Mailing Address  
P.O. Box 387

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

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

6. Election Campaign Financing  
Total Fund Contribution  **\$5.00 May Be Added to Fees**

23. City & State  
Ocala, Florida

28. City & State  
Ocala, Florida

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

24. Zip  
34471

25. Country  
USA

29. Zip  
34478

30. Country  
USA

8. This corporation has liability for intangible tax under S. 193.07, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name  
TERRI L. MAY

82. Street Address (P.O. Box Number is Not Acceptable)  
1286 N.W. 74th Place

83.

84. City  
Ocala

85. Zip Code  
FL 34475

Pursuant to the provisions of Sections 617.0502 and 617.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE TERRI L. MAY TERRI L. MAY 5/31/95  
Signature, typed or printed name of registered agent and true if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Executive Director</u>
12 NAME	<u>Carol Jubeliner</u>
13 STREET ADDRESS	<u>1328 S.E. Fleming Street</u>
14 CITY - ST - ZIP	<u>Ocala FL 34471</u>
21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>President</u>
22 NAME	<u>TERRI L. MAY</u>
23 STREET ADDRESS	<u>1286 N.W. 74th Place</u>
24 CITY - ST - ZIP	<u>Ocala, FL 34475</u>
31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Treasurer</u>
32 NAME	<u>Alice Watts</u>
33 STREET ADDRESS	<u>227 S.E. 45th Terrace</u>
34 CITY - ST - ZIP	<u>Ocala, FL 34471</u>
41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Secretary</u>
42 NAME	<u>J. S. Miller</u>
43 STREET ADDRESS	<u>1725 N.W. 74th Ave #7</u>
44 CITY - ST - ZIP	<u>Ocala, FL 34471</u>
51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Office Coordinator</u>
52 NAME	<u>Diane Ferguson</u>
53 STREET ADDRESS	<u>2665 N.E. 45th St</u>
54 CITY - ST - ZIP	<u>Ocala, FL 34479</u>
61 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>Glen Shuman</u>
62 NAME	<u>Glen Shuman</u>
63 STREET ADDRESS	<u>20 South Magnolia Ave</u>
64 CITY - ST - ZIP	<u>Ocala, FL 34471</u>

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: TERRI L. MAY 5/31/95 904-330-2177 ext 6214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

TERRI L. MAY (President)