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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N23483

1. Corporation Name
MARBELLA WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

52 E SOUTH ST
 ORLANOD FL 32801
 US

Mailing Address

52 E SOUTH ST
 ORLANOD FL 32801
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/16/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2860876	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required.	
23. Zip		28. Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		Trust Fund Contribution. <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DON ASHER & ASSOCIATES INC 52 E SOUTH ST 4030 DIJON DR. ORLANOD FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTONINO, MIKE		1.2 NAME	SANTONINO, MIKE	
STREET ADDRESS	5062 ERNST CT		1.3 STREET ADDRESS	5062 ERNST CT	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BOBBI		2.2 NAME	Gray, Bobbi	
STREET ADDRESS	5100 ERNST CT		2.3 STREET ADDRESS	5100 Ernst Court	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECLET, VANESSA		3.2 NAME	Belard, Katherine	
STREET ADDRESS	5095 ERNST CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	5074 Ernst Court	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Orlando, FL 32819	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* 02/02/99 407-371-6081
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)