

2000 UNIFORM BUSINESS REPORT (UBR)

3/13/00-90038-002-\$61.25-\$61.25

DOCUMENT # N23483

1. Entity Name

MARBELLA WOODS CONDOMINIUM ASSOCIATION, INC.

FILED

00 APR -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

52 E SOUTH ST
ORLANDO FL 32801
US

52 E SOUTH ST
ORLANDO FL 32801-3308
US

2. Principal Place of Business

709 E Michigan St

3. Mailing Address

P.O. Box 560698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-2860876

Applied For
Not Applicable

Zip
32806 - USA

Zip
32856-0698 - USA

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

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES INC
52 E SOUTH ST
4030 DJON DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
M+M Management Plus, Inc.
Street Address (P.O. Box Numbers Not Acceptable)
709 E. Michigan St.
City
Orlando FL Zip Code
32806

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.

SIGNATURE

Signature of Registered Agent

2/16/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANTONINO, MIKE	
STREET ADDRESS	5062 ERNST CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, BOBBI	
STREET ADDRESS	5100 ERNST CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROLAND, KATHERINE	
STREET ADDRESS	5074 ERNST COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Bowles	
STREET ADDRESS	5093 Ernst Court	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rod MacLeod	
STREET ADDRESS	5099 Ernst Court	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Fryer	
STREET ADDRESS	5108 Ernst Court	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of Mark Bowles

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)