


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91007 044 ****61.25

DOCUMENT # N23483

1. Entity Name
MARBELLA WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O PENN FIRST MGMT., INC.
 1813 N. DEAN RD., STE 103
 ORLANDO, FL 32817 US**

Mailing Address
**C/O PENN FIRST MGMT., INC.
 1813 N. DEAN RD., STE 103
 ORLANDO, FL 32817 US**



2. Principal Place of Business
498 Palm Springs Drive

3. Mailing Address
498 Palm Springs Drive

Suite, Apt. #, etc.
Suite 235

Suite, Apt. #, etc.
Suite 235

03302004 Chg-NP CR2E037 (10/03)

City & State
Altamonte Springs Florida

City & State
Altamonte Springs, Florida

Zip
32701

Country
USA

Zip
32701

Country
USA

4. FEI Number
59-2860876

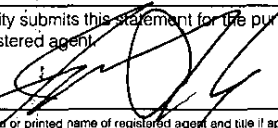
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PENN.FIRST.MGMT., INC.
 1813 N. DEAN RD., STE 103
 ORLANDO, FL 32817**

7. Name and Address of New Registered Agent
 Name **James W. Boyle**
 Street Address (P.O. Box Number, is Not Acceptable)
**498 Palm Springs Drive
 Suite 235**
 City **Altamonte Springs** FL Zip Code **32701**

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. I am familiar with, and accept the obligations of registered agent.

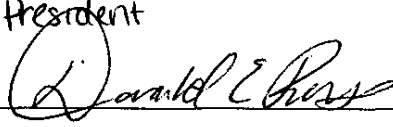
SIGNATURE  DATE **4/6/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD RUSS, DONALD 5068 ERNST CT. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACLEOD, ROD 5059 ERNST CT ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUIK, JEANNIE 5062 ERNST CT. ORLANDO, FL-32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/ Secretary Casey Barris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5070 Ernst Court Orlando, Florida 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/18/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don or other officer listed please sign