


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 017 ****61.25

DOCUMENT # N23483

1. Entity Name
MARBELLA WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5401 SOUTH KIRKMAN RD., #450
ORLANDO, FL 32819 US

Mailing Address
5401 SOUTH KIRKMAN RD., #450
ORLANDO, FL 32819 US

40022960



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01242007 Chg-NP CR2E037 (12/06)

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
COMMUNITY MANAGEMENT PROFESSIONALS, INC.
~~**5401 SOUTH KIRKMAN RD., #450**~~
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5401 SOUTH KIRKMAN RD #450
 City **FL** Zip Code

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 _____
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, 2007

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 P	<input checked="" type="checkbox"/> Delete NAME: BUIK, JEANNIE STREET ADDRESS: 5062 ERNST CT. CITY-ST-ZIP: ORLANDO, FL 32819	TITLE VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: LETIZIO, JIM STREET ADDRESS: 5079 ERNST CT. CITY-ST-ZIP: ORLANDO, FL 32819
TITLE P	<input type="checkbox"/> Delete NAME: SOTO, HEATHER STREET ADDRESS: 5109 ERNST COURT CITY-ST-ZIP: ORLANDO, FL 32819	TITLE P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
TITLE VPS	<input checked="" type="checkbox"/> Delete NAME: GRETHE, ALEXANDER STREET ADDRESS: 5103 ERNST CT CITY-ST-ZIP: ORLANDO, FL 32819	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
TITLE [Blank]	<input type="checkbox"/> Delete NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: OLIVER-KNAPPE, STACEY STREET ADDRESS: 5077 ERNST CT CITY-ST-ZIP: ORLANDO, FL 32819
TITLE [Blank]	<input type="checkbox"/> Delete NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]
TITLE [Blank]	<input type="checkbox"/> Delete NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	TITLE [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR