


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90023 003 ****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

40038424



2. Principal Place of Business - No P.O. Box #
1128 East Donegan Ave
 Suite, Apt. #, etc.

3. Mailing Address
1128 East Donegan Ave
 Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34744

Country
USA

Zip
34744

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

7. Name and Address of New Registered Agent

Name
Frayda Morris

Street Address (P.O. Box Number is Not Acceptable)
40 Central Association Mngt
1128 East Donegan Ave

City
Kissimmee

State
FL

Zip Code
34744

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: *Frayda R. Morris* - **FRAYDA R. MORRIS** 1/22/08

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

Filing Fee is \$61.25
Due by May 1, 2008

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LETISIO, JIM 5079 ERNST CT. ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, HEATHER 5109 ERNST COURT ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GRETHE, ALEXANDER 5103 ERNST CT ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLIVER-KNAPPE, STACEY 5077 ERNST CT. ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec DOLF KNAPPE 5077 ERNST COURT ORLANDO, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Heather Soto* 2-17-08 (407) 929-5685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #