NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25238

MARBELLA PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business % GOLDMAN % JUDA P.A. 7771 W. OAKLAND BLVD. FT. LAUDERDALE FL 33351

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

% GOLDMAN % JUDA P.A. 7771 W. OAKLAND BLVD. FT. LAUDERDALE FL 33351



03-01-1999 90201 023 ****61.25



Applied For

Date Incorporated or Qualifed

03/07/1988

4. FEI Number

| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 4. FEI Number | App | lied For |
|-----------------------------------|--|----------------------------------|----------------|--|---|---------------------|------------|
| 2 | | 27 | | 65-0105177 | Not | Applicable | |
| City & State City & State | | | | 5. Certificate of Status Desired | \$8.75-A | dditional - | |
| 3 28 | | | | 5. Certificate of Status Desired | Fee Req | uired | |
| Zip | Country | Zip | Country | , | 6. Election Campaign Financing | \$5.00 N | vlay Be |
| 4 | 25 29 30 | | 30 | | Trust Fund Contribution | Added to | Fees |
| <u></u> | 9. Name and Address of Current I | Registered Agent | | | 10. Name and Address of New Registers | d Agent | |
| | | | 81 | Name | | | 1 |
| JEFFREY A WINIKOFF | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| % STEIN, ROSENBERG & WINIKOFF, PA | | | | 521 Street Address (F.O. Dox Number is Not Acceptable) | | | |
| · · | | | | | | | |
| 4875 N FEDERAL HWY 7TH FL | | | | <u> </u> | | | |
| FT. LAUDERDALE FL 33308 | | | 84 | City | F | 85 Zip C | ode |
| 44 5 | 047.0502 | and C47 4E08 Florido Statute | ac the above | o named corne | oration submits this statement for the purpose | — : | registered |
| office or re | to the provisions of Sections 617,0502 to egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida, Such change was at | utnorized by | the corporation | on's board of directors. I hereby accept the app | ointment as reg | istered |
| | ii taitanai wiiii, attu accept tile obligatio | 113 01, 08611011 017.0000, 1 101 | ida Otataiot | • | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: | Registered Age | nt signature required | d when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | BAKER, SHERRY | | 1.2 NAME | | | | ļ |
| STREET ADDRESS | 8331 NW 196TH TERR | | 1.3 STREE | TADORESS | | | |
| | MIAMI FL 33015 | | 1.4 CITY-5 | ST-ZIP | | | |
| CITY-ST-ZIP | STD | ☐ DELETE | 2.1 TITLE | P | RESIDENT-DIRECTOR | Change | Addition |
| | VERDE. CARLOS | | 2.2 NAME | ' ' | COSIDENI - DI LE CILI | | |
| NAME | 8217 NW 199TH TERR | | | T ADDRESS | | | |
| STREET ADORESS | | | 2.4 CITY- | 1 | | | ĺ |
| CITY-ST-ZIP | MIAMI FL | ☐ DELETE | 3.1 TITLE | 51-ZIP | | Change | Addition |
| TITLE | | | 3.2 NAME | | | | _ |
| NAME | ORTEGA, LAZARO | | | | | | |
| STREET ADDRESS | 8208 NW 201 ST | | | TADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | ☐ DELETE | 3.4, CITY- | | | Change | Addition |
| TITLE | D | C) DEFEIG | 4.1 TITLE | | 42 | Criange | |
| NAME | ESTRADA, SHARON | | 4, 2 NAME | | | | |
| STREET ADDRESS | 8236 NW 201 STREET | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 4.4 CITY- | ST-ZIP | | [7.0h | Addition |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | Change | L Addition |
| NAME | JOHNSON, CHERYL | | 5.2 NAME | | | | Į. |
| STREET ADDRESS | 19592 NW 83RD COURT | | | ET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY+5 | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | 17 | ARL THAME | Change | Addition |
| NAME | | | 6.2 NAME | ્ | THAME 199 Tenau | o | |
| STREET ADDRESS | | | 6.3 STREE | ET ADDRESS 7 | 252 NW 199 JOIAG | - | |
| CITY-ST-ZIP | | | 6.4 CITY- | ST-ZIP / | MIAMI, FL 33015 | | |
| 14 Lhoroby | antiful that the information appoint with | this filing does not qualify for | the evemn | tion stated in S | Section 119.07(3)(i), Florida Statutes, I further | certify that the in | formation |

indicated on this annual report or supplied with this limit does not quality on 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 ap attachment with an address, with all other like empowered.

SIGNATURE: