

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90236 024 ****61.25

DOCUMENT # N25238

1. Entity Name
MARBELLA PARK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**8211 W BROWARD BLVD
PH-1 5TH FLOOR
PLANTATION, FL 33324**

Mailing Address
**8211 W BROWARD BLVD
PH-1 5TH FLOOR
PLANTATION, FL 33324**

94061347



2. Principal Place of Business
MIAMI MANAGEMENT

3. Mailing Address
MIAMI MANAGEMENT

Suite, Apt. #, etc.
14275 SW 142 Ave

Suite, Apt. #, etc.
14275 SW 142 Ave

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33186

Zip
33186

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0105177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JEFFREY A WINIKOFF
% STEIN, ROSENBERG & WINIKOFF, PA
4875 N FEDERAL HWY 7TH FL
FT. LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name **STEVEN FEIN**
Street Address (P.O. Box Number is Not Acceptable)
**FEIN & MELONI
900 SW 40TH AVE
City **PLANTATION** FL Zip **33317****

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 **Steven Fein**

4/15/04

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**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

TITLE **PD** ☒ Delete
NAME **DELMAR, ERNESTO**
STREET ADDRESS **8211 W BROWARD BLVD PH1**
CITY-ST-ZIP **PLANTATION, FL 33374**

TITLE **VPD** ☒ Delete
NAME **VASQUEZ, FELIX**
STREET ADDRESS **8211 BROWARD BLVD PH1**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE **SD** ☒ Delete
NAME **WHIPPLE, JOCELYN**
STREET ADDRESS **8211 W BROWARD BLVD., STE PH1**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE **T** ☒ Delete
NAME **JEREZ, MARTHA**
STREET ADDRESS **8211 W BROWARD BLVD., STE PH1**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **COSTA, JAIME**
STREET ADDRESS **1954 NW 83 PL**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VP** ☐ Change ☒ Addition
NAME **VEDRANO, RICARDO**
STREET ADDRESS **8700 NW 199 ST**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **S** ☐ Change ☒ Addition
NAME **DEMDOYA, MICHAEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **CHREMA, BALWANT**
STREET ADDRESS **8301 NW 197 ST**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **D** ☐ Change ☐ Addition
NAME **VAIDES, ISABEL**
STREET ADDRESS **8332 NW 201 TERR**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ 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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 (954) 791-4720

Date

Daytime Phone #