FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 28 AM 11:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40927 (8)

1. Corporation Name

MARBELLA PARK WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
C/O THE CONTINENTAL GROUP
1207A SW 131ST AVE.
MIAMI FL 33186

Mailing Address
C/O THE CONTINENTAL GROUP
1207A SW 131ST AVE.
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 08/03/1994
4. FEI Number: 65-0347542 — Applied For / Not Applicable

2. Principal Place of Business
21 12079 SW 131 Avenue
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33186 Country 25 USA

2a. Mailing Address
26 12079 SW 131 Avenue
Suite, Apt. #, etc. 27
City & State 28 Miami, Florida
Zip 29 33186 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUNTZ ALAN
550 SAN REMO AVE
CORAL GABLES FL 33146

MILDRED CROWDER
WEISENFELD & ASSOC., P.A.
799 BRICKELL PLAZA SUITE900
MIAMI, FLORIDA 33131

10. Name and Address of New Registered Agent

81 Name: Weisenfeld & Assoc., attn. M. Crowder
82 Street Address (P.O. Box Number is Not Acceptable): 799 Brickell Plaza, Suite 900
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert L Bonday — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when restating) — DATE: 3/21/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BOWDAY, ROBERT	1.2 NAME	Robert Bonday
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110	1.3 STREET ADDRESS	13790 NW 4th Street, Suite 106
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Miami, Florida 33325
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JOSE	2.2 NAME	
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	PALUMBO, TONY	3.2 NAME	Tony Palumbo
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110	3.3 STREET ADDRESS	19700 NW 87 Avenue
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, Florida 33015
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Archie McKay
STREET ADDRESS		4.3 STREET ADDRESS	8437 N.W. 87th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33015
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Thomas Lescornez
STREET ADDRESS		5.3 STREET ADDRESS	8390 NW 201 Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33015
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	$ DEPOSITED BY BANK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L Bonday — SIGNATURE AND TYPED OR PRINTED NAME OF SUCH OFFICER OR DIRECTOR — Date: 3/21/95 — Daytime Phone #: 8460542

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