FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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	Mailing Address
12079 SW 131 AVE. MIAMI FL 33186 US	12079 SW 131 AVE. MIAMI FL 33186 US

3. Date Incorporated or Qualified: **11/19/1990**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0347542** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEISENFELD & ASSOC. ATT; M. CROWDER
799 BRICKELL PLAZA
S900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: **ROSE MCKAY**
82 Street Address (P.O. Box Number is Not Acceptable): **8437 NW 201 Street**
83
84 City: **Miami** **FL** 85 Zip Code: **33015**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOWDAY, ROBERT 13790 NW 4TH ST. SUITE 106 MIAMI FL 33325	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP/D Robert Bonday 13790 NW 4th St., Suite 106 Sunrise, Fl 33325	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERNANDEZ, JOSE 550 BILTMORE WAY, SUITE 1110 CORAL GABLES FL	X DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D Rose McKay 8437 NW 201 St Miami, Fl 33015	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PALUMBO, TONY 19700 NW 87 AVE. MIAMI FL 33015	X DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T/D Walter Scott 19838 NW 85th Avenue Miami, Florida 33015	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKAY, ARCHIE 8437 N.W. 87TH AVE. MIAMI FL 33015	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESCORNEZ, THOMAS 8390 NW 201 ST. MIAMI FL 33015	XX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	700001755157 -03/22/96--01111--039 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

3-22-96

CR2E037 (12/95)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #