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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

12079 SW 131 AVE.
MIAMI FL 33186
US

Mailing Address

12079 SW 131 AVE.
MIAMI FL 33186-6475
US



3. Date Incorporated or Qualified
11/19/1990

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

MCKAY, ROSE
8437 NW 201ST STREET
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BOWDAY, ROBERT
STREET ADDRESS 13790 NW 4TH ST. SUITE 106
CITY - ST - ZIP MIAMI FL 33325 ☒ DELETE

TITLE PD
NAME MCKAY, ROSE
STREET ADDRESS 8437 NW 201ST STREET
CITY - ST - ZIP MIAMI FL 33015 ☐ DELETE

TITLE STD
NAME SCOTT, WALTER
STREET ADDRESS 19838 NW 85TH AVENUE
CITY - ST - ZIP MIAMI FL 33015 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME Jackie Cid
1.3 STREET ADDRESS 19909 NW 86 Ave.
1.4 CITY - ST - ZIP Miami, FL 33105 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE TD
3.2 NAME Walter Scott
3.3 STREET ADDRESS 19838 NW 85 Avenue
3.4 CITY - ST - ZIP Miami, FL 33015 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do 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 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: *Rose A. McKay* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)