

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90158 030 ****61.25

0028455

DOCUMENT # N40927

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/19/1990

4. FEI Number

65-0347542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

Hyman & Kaplan, PA

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

150 W. Flagler St., #2701

83

84 City

Coral Gables

FL

85 Zip Code
33130

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16/99

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **CID, JACKIE**
STREET ADDRESS **19909 NW 86TH AVE.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **TD** ☐ DELETE
NAME **SIEVEKING, CARLOW**
STREET ADDRESS **8437 NW 201 TER**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Raymond Obregon**
1.3 STREET ADDRESS **19818 NW 86 Ct**
1.4 CITY-ST-ZIP **Miami, Fl 33015**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Cora Portee**
4.3 STREET ADDRESS **19918 NW 86 Ct**
4.4 CITY-ST-ZIP **Miami, Fl 33015**

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

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

14. 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 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, with an other like empowered.

SIGNATURE: **Raymond Obregon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99 305-380-4710

Date

Daytime Phone #

CR2E037 (11/98)