

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N40927

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



FILED

08 NOV 10 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8616 N.W. 196TH TERRACE
MIAMI, FL 33015 US**

Mailing Address
**8616 N.W. 196TH TERRACE
MIAMI, FL 33015 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



10172008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0347542

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREW C. DEMOS, P.A.
401 E. LAS OLAS BLVD, SUITE 1400
FT. LAUDERDALE, FL 33301**

Name **Sergio Lorenz**

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

19668 NW 86 CT

City

MIAMI

FL

Zip Code
33015

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

Sergio Lorenz

10-22-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 **P** ☐ Delete
NAME **RODRIGUEZ, JUAN A**
STREET ADDRESS **8616 N.W. 196TH. TERRACE**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VP/T** ☐ Delete
NAME **LORENZ, SERGIO**
STREET ADDRESS **19668 N.W. 86TH. COURT**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **S** ☐ Delete
NAME **SUAREZ, CARMEN**
STREET ADDRESS **19671 NW 85TH AVE**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
900137794439
11/10/08--01066--008 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2008 305 803 9803