

FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768765 (0)
1. Corporation Name
VILLA MARBELLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 357 8TH AVE NORTH SUITE 2 TIERRA VERDE FL 33715 US	Mailing Address 357 8TH AVE NORTH SUITE 2 TIERRA VERDE FL 33715 US
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3. Date Incorporated or Qualified 06/03/1983
4. FEI Number 59-2957504
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. remove Apt 2	Suite, Apt. #, etc. 114 12th St East
City & State 22	City & State 27
Tierra Verde, FL	Tierra Verde, FL
Zip 23	Zip 28
33715	33715
Country 24	Country 29
US	US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KIM ARLING
357 8TH AVE N. #2
TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent
81 Name Maria T. Valenti
82 Street Address (P.O. Box Number Is Not Acceptable) 114 12th St East
83
84 City Tierra Verde FL 85 Zip Code 33715

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 Maria T. Valenti (NOTE: Registered Agent signature required when reinstating) DATE 3-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARLING, KIM		1.2 NAME	
STREET ADDRESS 357 8TH AVE N. #2		1.3 STREET ADDRESS	
CITY-ST-ZIP TIERRA VERDE FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSON, HAROLD		2.2 NAME	
STREET ADDRESS 357 8TH AVE N #1		2.3 STREET ADDRESS	
CITY-ST-ZIP TIERRA VERDE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALENTI, MARIA T		3.2 NAME	
STREET ADDRESS 357 8TH AVE N #3		3.3 STREET ADDRESS	
CITY-ST-ZIP TIERRA VERDE FL		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEGIN, LEO		4.2 NAME	
STREET ADDRESS 357 8TH AVE. N. #5		4.3 STREET ADDRESS	
CITY-ST-ZIP TIERRA VERDE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE Maria T. Valenti 3/21/98 816-0111

CR2E037 (10/97)