FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

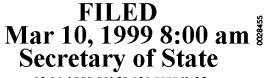
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40927

1. Corporation Name

MARBELLA PARK WEST HOMEOWNERS' ASSOCIATION, INC.



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

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Principal Plac	e of Business	Mailing Address				,		
12079 SW 131	12079 SW 131 AVE.				ANDRE STATE HING HANG NEWS	. ALDAL ERBIR DISTO BLOC	2/2 /1 126	
MIAMI FL 3316		MIAMI FL 33186						
US	US				TOUGH SOUND ÍSBUS LAON DEACH	BIBN BIBN BIBN BIBN	/ 	
}		_						
Principal Place of Business 2a. Mailing Address					3. Date Incorporated	or Qualifed		
21 26			<u> </u>		11/19/1990			olied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number		
22		27			65-0347542	·		Applicable
City & Stat	le	City & State		5. Certificate of Status	Desired	\$8.75 A		
2 3	·	28					Fee Rec	duited
Zip	Country	Zip	Zip Country		6. Election Campaign Financing \$5.00 May Be			
24	25	25 29 30		Trust Fund Contribution		Added to	o Fees	
	9. Name and Address of Curren	t Registered Agent			10. Name and Addre		ed Agent	
			81	Name Hvm	an & Kaplan,	PΔ		
MCKAY, ROSE				Street Ac	ioress ip CJ Box Militidei is	INDI MCCODIZIDIO:		
8437 NW 201ST STREET				150	W. Flagler	St., #270)1	
MIAMI FL 33015			83					
INIVATII I E	33013		84	015			85 Zip C	`ode
				Cor	al Gables	F	FL \mid 🐃 233	130
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above	-named co	rporation submits this state	nent for the purpose	of changing its	registered
office or i	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with and accept the obligat	of Florida, Such change was authorized at Species 617,0503, Florida	orized by the	the corpora	ation's board of directors. I h	ereby accept the ap-	pointment as reg	jistered
agent.1 a	im familiar with and accept the colligat	ions or, Section 617.0503, Fiorida	r Statutes.				1-100	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	nistered Agen	signature regi	ured when reinstating)	DATE	0199	j
12.		D DIRECTORS	13.			SES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	SD	⊠ DELETE	1.1 TITLE		D		Change	Addition
NAME	CID, JACKIE		1.2 NAME		Raymond Obre	on		ļ
STREET ADDRESS					19818 NW 86			·
	MIAMI FL					3015	• •	1
CITY-ST-ZIP		□ DELETE	2.1 TITLE	-21			Change	Addition
TITLE			2.2 NAME					_
NAME	MCKAY, ROSE							
STREET ADDRESS	8437 NW 201ST STREET		2.3 STREET ADDRESS					
CITY-ST-ZIP	7111 2111 1 2 000 10		2. 4 CITY-S	T-ZIP	The control of the second seco		☐ Change	Addition
TITLE	TD	LJ DELETE	3.1 TITLE				C Guarida	- innered
NAME	SIEVEKING, CARLOW		3.2 NAME					ļ
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP	MIAMI FL 33015		3.4. CITY-S	T-ZIP				N Addition
TITLE		☐ DELETE	4.1 TITLE		SD		Change	Addition
NAME			4. 2 NAME	19	Cora Portee	α . '.		
STREET ADDRESS	ADDRESS		4.3 STREET ADDRESS 19		19918 NW 86 (Miami, Fl 3	Ct 3015		ì
CITY-ST-ZIP			4.4 CITY-ST	r-ziP	TITALILI, FI 3.	OT.	······	
TITLE	Ţ.	☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					,
STREET ADDRESS	;		5.3 STREET	ADDRESS				}
CITY-ST-ZIP			5.4 CITY-ST	r-ZiP		2		
7171 F		☐ DELETÉ	6.1 TITLE			,	☐ Change	☐ Addition

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 effect 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 all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS