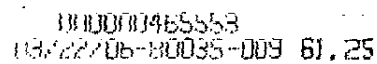
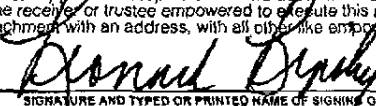


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006625 1. Entity Name MARBELLA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.		
Principal Place of Business 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441		Mailing Address 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441
DO NOT WRITE IN THIS SPACE		 01122006 No Chg-NP CR2E037 (11/05)
		4. FEI Number 65-1034290 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441		DO NOT WRITE IN THIS SPACE
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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE: _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	LIPSKY, LEN	
STREET ADDRESS	16088 BRIER CREEK	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VD	
NAME	COLE, JIM	
STREET ADDRESS	15961 BRIER CREEK	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	TD	
NAME	HARRIS, MIKE	
STREET ADDRESS	16072 BRIER CREEK	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	SD	
NAME	NATHAN, DIANE	
STREET ADDRESS	16096 BRIER CREEK	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	D	
NAME	MOIDER, HOWARD	
STREET ADDRESS	16033 BRICA CREEK DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 517, 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		Date: 03/06/06 (561) 989-1580