2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name
MARBELLA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441	1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	

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03/22/06-80035-009 61.25

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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: Donald Lipsky 03/06/06 (561) 989-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #