

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762237

**Entity Name:** MARBRISA VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1136 EAST DONEGAN  
KISSIMMEE, FL 34744

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC5894465977**

**Current Mailing Address:**

1136 EAST DONEGAN  
KISSIMMEE, FL 34744 US

**FEI Number: 59-2369311**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORRIS, FRAYDA  
CENTRAL ASSOCIATION MANAGEMENT  
1128 EAST DONEGAN AVE  
KISSIMMEE, FL 34744 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           IRIS, RONDINELLA C  
Address        1136 EAST DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title           VP  
Name           SAROSY, THOMAS J  
Address        1136 EAST DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title           S  
Name           ROBERT, LEVESQUE  
Address        1136 EAST DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title           T  
Name           ROBINSON-LACOUNT, EDNA  
Address        1136 EAST DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

Title           PRESIDENT  
Name           JEAN, PARTEN  
Address        1136 EAST DONEGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JEAN PARTEN**

**PRESIDENT**

**01/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date