

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725749 (6)

1. Corporation Name

MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

800 S.W. 84TH AVE.
MIAMI FL 331558299 CORAL WAY
MIAMI FL 33155-12283. Date Incorporated or Qualified
03/08/19733a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33144

25

29

30

4. FEI Number

59-1462704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY MANAGEMENT SERVICES CORP.
8299 CORAL WAY
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLANCA, GEORGINA	
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 216	
CITY - ST - ZIP	MIAMI FL	

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BARROS, JOSE	
13 STREET ADDRESS	2420 SW 126 AVENUE	
14 CITY - ST - ZIP	MIAMI, FL 33175	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARROS, LILIANA	
STREET ADDRESS	900 S.W. 84TH AVENUE APT. 516	
CITY - ST - ZIP	MIAMI FL	

21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FERNANDEZ-MARCANE, LEONARDO	
23 STREET ADDRESS	900 SW 84th AVENUE APT. 315	
24 CITY - ST - ZIP	MIAMI, FL 33144	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ-MARCANE, LEONARDO	
STREET ADDRESS	900 S.W. 84TH AVENUE APT. 315	
CITY - ST - ZIP	MIAMI FL	

31 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ALMEIDA, JULIO	
33 STREET ADDRESS	900 SW 84th AVENUE APT. 312	
34 CITY - ST - ZIP	MIAMI, FL 33144	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLANCO, EVARISTA	
STREET ADDRESS	900 S.W. 84TH AVENUE APT. 211	
CITY - ST - ZIP	MIAMI FL	

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BARRIOS, DANIEL	
53 STREET ADDRESS	900 SW 84th AVENUE APT. 317	
54 CITY - ST - ZIP	MIAMI, FL 33144	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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, with an attachment with an address.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/97

Date Daytime Phone # 0031001

CR2E037 (9/96)