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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90146 019 \*\*\*\*61.25

0032166

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 725749**

1. Corporation Name

**MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, IN C.**

Principal Place of Business

900 S.W. 84TH AVE.  
 MIAMI FL 33144  
 US

Mailing Address

8299 CORAL WAY  
 MIAMI FL 33155



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/08/1973

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 Fees

9. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT SERVICES CORP.  
 8299 CORAL WAY  
 MIAMI FL 33155

10. Name and Address of New Registered Agent

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

TITLE  DELETE

NAME TD  
 VAZQUEZ, ORESTES  
 STREET ADDRESS 900 S.W. 84 AVE., APT #203  
 CITY-ST-ZIP MIAMI FL 33144

TITLE  DELETE

NAME D  
 BARRIOS, DANIEL  
 STREET ADDRESS 900 SW 84TH AVE, APT 317  
 CITY-ST-ZIP MIAMI FL

TITLE  DELETE

NAME PD  
 FERNANDEZ-MARCANE, LEONARDO  
 STREET ADDRESS 900 S.W. 84TH AVENUE APT. 315  
 CITY-ST-ZIP MIAMI FL 33144

TITLE  DELETE

NAME SD  
 GUESGA, RITA  
 STREET ADDRESS 900 S.W. 84 AVE., APT #410  
 CITY-ST-ZIP MIAMI FL 33144

TITLE  DELETE

NAME VPD  
 ALMEDIA, JULIO  
 STREET ADDRESS 900 SW 8TH AVE APT 312  
 CITY-ST-ZIP MIAMI FL 33144

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SD  
 CARLOS FERNANDEZ  
 900 SW 84 AVE APT. 215  
 MIAMI, FL 33144

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 execute 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.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/99 305 264-4250

CR2E037 (1/98)