

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725749

FILED
Mar 31, 2009
Secretary of State

Entity Name: MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

% CARIBBEAN PROPERTY MNGMT
12301 SW 132 CT
MIAMI, FL 33186 US

New Principal Place of Business:

% PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155 US

Current Mailing Address:

% CARIBBEAN PROPERTY MNGMT
12301 SW 132 CT
MIAMI, FL 33186 US

New Mailing Address:

% PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155 US

FEI Number: 59-1462704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, JONATHAN R PA
9360 SUNSET DRIVE
SUITE 220
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MENENDEZ, AUGUSTO
Address: 900 SW 84TH AVE #511
City-St-Zip: MIAMI, FL 33144

Title: T () Delete
Name: RODRIQUEZ, LUIS
Address: 900 SW 84 AVE APT 401
City-St-Zip: MIAMI, FL 33144

Title: S () Delete
Name: GONZALEZ, ROLANDO
Address: 900 SW 84 AVE. #515
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: VALERA, RUBEN
Address: 900 SW 84TH AVE #512
City-St-Zip: MIAMI, FL 33144

Title: P () Delete
Name: DIAZ, ADNER
Address: 900 SW 84TH #301
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADNER DIAZ

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date