

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Normann
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:14

DOCUMENT # **728672** (7)

1. Corporation Name
THE MARBELLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
250 S. OCEAN BLVD. BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/30/1974** 3a. Date of Last Report **04/01/1994**
4. FEI Number **59-1616080** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**POLIAKOFF, GARY A., ESQUIRE
6520 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33310-9057**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME **GOLAN, BERNARD**
STREET ADDRESS **250 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE V
NAME **PLATONI, SYDELL**
STREET ADDRESS **250 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE S
NAME **LEITNER, GORDON**
STREET ADDRESS **250 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE T
NAME **EDWARDS, PHYLLIS**
STREET ADDRESS **250 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE D
NAME **VOLKEMA, RUSSELL**
STREET ADDRESS **250 S. OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**
TITLE D
NAME **LESHA, ANTHONY**
STREET ADDRESS **250 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P Change Addition
1.2 NAME **SMITH, PHILIP**
1.3 STREET ADDRESS **250 SOUTH OCEAN BLVD.**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33432**
2.1 TITLE V Change Addition
2.2 NAME **LESHA, ANTHONY**
2.3 STREET ADDRESS **250 SOUTH OCEAN BLVD.**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33432**
3.1 TITLE S Change Addition
3.2 NAME **EDWARDS, PHYLLIS**
3.3 STREET ADDRESS **250 SOUTH OCEAN BLVD.**
3.4 CITY-ST-ZIP **BOCA RATON, FL 33432**
4.1 TITLE T Change Addition
4.2 NAME **LEITNER, GORDON**
4.3 STREET ADDRESS **250 SOUTH OCEAN BLVD.**
4.4 CITY-ST-ZIP **BOCA RATON, FL 33432**
5.1 TITLE D Change Addition
5.2 NAME **VOLKEMA, RUSSELL**
5.3 STREET ADDRESS **250 SOUTH OCEAN BLVD.**
5.4 CITY-ST-ZIP **BOCA RATON, FL 33432**
6.1 TITLE D Change Addition
6.2 NAME **PLATONI, SYDELL**
6.3 STREET ADDRESS **250 SOUTH OCEAN BLVD.**
6.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Philip Smith Philip Smith March 2, 1995 4107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Evening