

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 728672 (7)  
1. Corporation Name

THE MARBELLA CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 01/30/1974  
3a. Date of Last Report: 03/08/1995

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

4. FEI Number: 59-1616080  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [checked] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A., ESQUIRE  
6520 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33310-9057

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 rechartering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, PHILIP	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LESHA, ANTHONY	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDWARDS, PHYLLIS	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEITNER, GORDON	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOLKEMA, RUSSELL	
STREET ADDRESS	250 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PLATONI, SYDELL	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D FERGUSON, ROBERT
63 STREET ADDRESS	250 SOUTH OCEAN BLVD.
64 CITY-ST-ZIP	BOCA RATON, FL

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 119.07(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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/10/96  
Daytime Phone #: (407) 368-2869

CR2E037 (12/95)