

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33432-6213
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1974		3a. Date of Last Report 03/19/1996	
21	Suite, Apt #, etc.			26	Suite, Apt #, etc.		
22	City & State			27	City & State		
23	Zip	Country	28	Zip	Country	29	30
4. FEI Number 59-1616080				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent POLIAKOFF, GARY A., ESQUIRE 8520 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33310-9057				10. Name and Address of New Registered Agent			
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PHILIP	1.2 NAME	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESHA, ANTHONY	2.2 NAME	LESHA, ANTHONY
STREET ADDRESS	250 SOUTH OCEAN BLVD.	2.3 STREET ADDRESS	250 SOUTH OCEAN BLVD
CITY-ST-ZIP	BOVA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, PHYLLIS	3.2 NAME	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITNER, GORDON	4.2 NAME	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLKEMA, RUSSELL	5.2 NAME	SIMON, LEON
STREET ADDRESS	250 S. OCEAN BLVD.	5.3 STREET ADDRESS	250 SOUTH OCEAN BLVD.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, ROBERT	6.2 NAME	
STREET ADDRESS	250 SOUTH OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 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, or on an attachment with an address.

SIGNATURE: Philip Smith DATE: 3/27/97 (561) 368-2869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0036616

CFR2E037 (9/96)