


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.

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| Principal Place of Business 250 S. OCEAN BLVD. BOCA RATON FL 33432 | Mailing Address 250 S. OCEAN BLVD. BOCA RATON FL 33432 |
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| 3. Date Incorporated or Qualified 01/30/1974 | |
| 4. FEI Number 59-1616080 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
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| 9. Name and Address of Current Registered Agent POLIAKOFF, GARY A., ESQUIRE 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33310-9057 | |
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| 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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 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 | SAME |
| STREET ADDRESS | 250 SOUTH OCEAN BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESHA, ANTHONY | 2.2 NAME | SAME |
| STREET ADDRESS | 250 S OCEAN BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOVA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, PHYLLIS | 3.2 NAME | SAME |
| 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 | SAME |
| STREET ADDRESS | 250 SOUTH OCEAN BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMON, LEON | 5.2 NAME | DAINESE, FRANK |
| STREET ADDRESS | 250 S OCEAN BLVD | 5.3 STREET ADDRESS | 250 S. OCEAN BLVD. |
| CITY-ST-ZIP | BOCA RATON FL | 5.4 CITY-ST-ZIP | BOCA RATON, FL |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERGUSON, ROBERT | 6.2 NAME | SAME |
| STREET ADDRESS | 250 SOUTH OCEAN BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 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.

SIGNATURE: *Philip Smith Pres.* 3/26/98 (561)368-2869

CR2E037 (1097)