


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-21-2003 90415 012 ****61.25

DOCUMENT # 728672

1. Entity 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**

55040738



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1616080**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & PLIAKOFF
3111 STIRLING RD.
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	KONICOFF, DR DONALD	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYDELL, PLATON	
STREET ADDRESS	250 S OCEAN BLVD	
CITY-ST-ZIP	BOVA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PICCIOTTO, DANIEL	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	BT	<input type="checkbox"/> Delete
NAME	LEITNER, GORDON	
STREET ADDRESS	250 SOUTH OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOLAN, GWEN	
STREET ADDRESS	250 S OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLETTA, JOSEPH J JR	
STREET ADDRESS	250 SOUTH OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRES. PHILIP SMITH	
STREET ADDRESS	250 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  **4/17/03** **561-368-2869**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)