

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743901

FILED
Aug 30, 2009
Secretary of State

Entity Name: MARSEILLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1207 MARSEILLES DR
#31
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

POB 416614
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 59-2051540 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BORRESO, GLOIDINA
1207 MARSRILLES DR #31
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORREGO, GLOIDINA
Address: 1207 MARSEILLES DR, #31
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: T () Delete
Name: CANAS, RUBEN D
Address: 1193 MARSEILLES DR #1
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: SUBIRAVA, JUAN P
Address: 1207 MARSEILLES DR #29
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SUBIRANA, JUAN P
Address: 1207 MARSEILLES DR #29
City-St-Zip: MIAMI BEACH, FL 33141

Title: T (X) Change () Addition
Name: CANAS, RUBEN D
Address: 1193 MARSEILLES DR #1
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLOIDINA BORREGO

PD

08/30/2009

Electronic Signature of Signing Officer or Director

Date