

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747868

1. Entity Name

MARBELLE CLUB OF MARCO ISLAND CONDOMINIUM ASSOCI

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90006 047 ****61.25

Principal Place of Business

Mailing Address

840 S COLLIER BLVD
 MARCO ISLAND FL 34145
 US

840 S COLLIER
 MARCO ISLAND FL 34145-6154
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2152381

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, HELEN
 840 S. COLLIER BLVD.
 MARCO ISLAND FL 33937

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KNUDSON, GEOFFREY	
STREET ADDRESS	840 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WALKER, WILLIAM	
STREET ADDRESS	840 S COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREBILLOCK, LIONEL	
STREET ADDRESS	840 S COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM	
STREET ADDRESS	840 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORDMANN, RON	
STREET ADDRESS	840 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, JOHN	
STREET ADDRESS	840 S. COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	OST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGA, HELEN	
STREET ADDRESS	840 S. COLLIER BLVD 602	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dolan Vince	
STREET ADDRESS	840 S. COLLIER BLVD 302	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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 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 empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Helen M. Vega, Treas.

CR2E037 19/99