

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90118 048 \*\*\*\*61.25

**DOCUMENT # 754054**

1. Entity Name

MARBEYA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1100 SEMORAN BLVD  
CASSELBERRY FL 32707  
US

1100 SEMORAN BLVD  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2031256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANA P. SECOR  
1100 SEMORAN BLVD.  
CASSELBERRY FL 32707

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

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**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RAINEY, JUDITH	
STREET ADDRESS	887 NONASTONE RUN	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDADE, SANDRA	
STREET ADDRESS	1158C-CALLE DE NORTE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	RULLAN, ANNE M	
STREET ADDRESS	1162C PASEO DEL MAR	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MELVIN, MARGARET	
STREET ADDRESS	610 CRANES WAY #301	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KANE, MARY JANE	
STREET ADDRESS	1160-C CALLE DEL NORTE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRID BOLDING	
STREET ADDRESS	1175C PASEO DEL MAR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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 exemptions contained in Section 119, 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:** *Mary Jane Kane* MARY JANE KANE 2-21-06 407-657-8133