2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 17, 2004 8:00 am **DOCUMENT # 763366 Secretary of State** 02-17-2004 90001 032 ****61.25 MARBELLA CONDOMINIUM NO. 207 ASSOCIATION, INC. Principal Place of Business Mailing Address C/O ARCHDIOCESE OF MIAMI 9401 BISCAYNE BLVD MIAMI SHORES FL 33138 C/O ARCHDIOCESE OF MIAMI 24000012 9401 BISCAYNE BLVD MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0038181 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FITZGERALD, J PATRICK 110 MERRICK WAY Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE Delete TITLE HENNESSEY, WILLIAM NAME NAME 9401 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE VAUGHAN, JOHN J. NAME NAME 9401 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS MIAMI SHORES, FL 00000 CITY-ST-ZIP CITY-ST-ZIP K) Delete ☐ Change ★ Addition TITLE TITLE BRICE: FREDERICK-J ---NAME NAME Souckar, Michael 9401 BISCAYNE BLVD STREET ADDRESS STREET ADDRESS 9401 Biscayne Boulevard MIAMI SHORES, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Miami Shores, FL 33138 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-5-2014. 305-762-1037
Date Dayline Phone #

FILED