FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:10

DOCUMENT # 768765 (0)

1. Corporation Name
VILLA MARBELLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
357 8 AVE N #2
TIERRA VERDE FL 33715

Mailing Address
357 8 AVE N #2
TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1983
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2957504 — Applied For / Not Applicable

2. Principal Place of Business
21 357 8 AVE. N.
22 Suite, Apt. #, etc. # 2
23 City & State TIERRA VERDE, FL
24 Zip 33715 — 25 Country

2a. Mailing Address
26 357 8 AVE N.
27 Suite, Apt. #, etc. # 2
28 City & State TIERRA VERDE, FL
29 Zip 33715 — 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KIM ARLING
357 8TH AVE N. #2
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/T/D ☒ Change ☐ Addition
NAME	ARLING, KIM	1.2 NAME	ARLING, KIM
STREET ADDRESS	357 8TH AVE N. #2	1.3 STREET ADDRESS	357 8TH AVE. N. #2
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	PAGANO, GERARD A.	2.2 NAME	DELETE
STREET ADDRESS	357 8 AVE., N. #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	VALENTI, MARIA T	3.2 NAME	
STREET ADDRESS	357 8TH AVE N #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VD ☐ Change ☒ Addition
NAME		4.2 NAME	CARLSON, HAROLD
STREET ADDRESS		4.3 STREET ADDRESS	357 8TH AVE. N. #1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly Arling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1/16/95 — Daytime Phone # 813-864-0091

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