

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **768765** (0)
1. Corporation Name
VILLA MARBELLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
357 8TH AVE NORTH SUITE 2 TIERRA VERDE FL 33715 US		357 8TH AVE NORTH SUITE 2 TIERRA VERDE FL 33715 US		06/03/1983	02/15/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 State, Apt. #, etc.	26 State, Apt. #, etc.	59-2957504	Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIM ARLING 357 8TH AVE N. #2 TIERRA VERDE FL 33715				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 617.0602 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE		DATE	
Signature of the person submitting this statement and fee, if applicable		Date of Registration Agent Signature, if not the registrant	
12. OFFICERS AND DIRECTORS			
12. TITLE	PTD	13. TITLE	T/D
NAME	ARLING, KIM	12. NAME	ARLING, KIM
STREET ADDRESS	357 8TH AVE N. #2	13. STREET ADDRESS	357 8TH AVE N. #2
CITY, ST, ZIP	TIERRA VERDE FL	14. CITY, ST, ZIP	TIERRA VERDE, FL 33715
TITLE	VD	2. TITLE	P/D
NAME	CARLSON, HAROLD	2.2. NAME	CARLSON, HAROLD
STREET ADDRESS	357 8TH AVE N #1	2.3. STREET ADDRESS	357 8TH AVE N. #1
CITY, ST, ZIP	TIERRA VERDE FL	2.4. CITY, ST, ZIP	TIERRA VERDE, FL 33715
TITLE	SD	3.1. TITLE	
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	V/D
NAME		4.2. NAME	BEGIN, LEO
STREET ADDRESS		4.3. STREET ADDRESS	357 8TH AVE N. #5
CITY, ST, ZIP		4.4. CITY, ST, ZIP	TIERRA VERDE, FL 33715
TITLE		5.1. TITLE	
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY, ST, ZIP		5.4. CITY, ST, ZIP	
TITLE		6.1. TITLE	
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY, ST, ZIP		6.4. CITY, ST, ZIP	

14. I 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly Arling* KIMBERLY ARLING 1/23/96 813-864-0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)