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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 768765 (0)

1. Corporation Name  
VILLA MARBELLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
357 8TH AVE NORTH  
SUITE 2  
TIERRA VERDE FL 33715  
US

Mailing Address  
357 8TH AVE NORTH  
SUITE 2  
TIERRA VERDE FL 33715-1855  
US

3. Date Incorporated or Qualified 06/03/1983  
3a. Date of Last Report 01/26/1996

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29

4. FEI Number 59-2957504  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
TD	ARLING, KIM	<input type="checkbox"/>
357 8TH AVE N. #2		
TIERRA VERDE FL		
PD	CARLSON, HAROLD	<input type="checkbox"/>
357 8TH AVE N #1		
TIERRA VERDE FL		
SD	VALENTI, MARIA T	<input type="checkbox"/>
357 8TH AVE N #3		
TIERRA VERDE FL		
VD	BEGIN, LEO	<input type="checkbox"/>
357 8TH AVE. N. #5		
TIERRA VERDE FL		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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 KIMBERLY ARLING 1/11/97 813-864-0091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051106

CR2E037 (9/96)