

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90018 036 ****61.25

DOCUMENT # 768765

1. Entity Name

VILLA MARBELLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

357 8TH AVE NORTH
 SUITE 2
 TIERRA VERDE FL 33715
 US

114 12TH ST E
 ATTN. T. HANNA
 TIERRA VERDE FL 33715-2209
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957504

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HANNA, TERESA V
 114 12TH ST E
 TIERRA VERDE FL 33715**

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.

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
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLSON, HAROLD	
STREET ADDRESS	357 8TH AVE N #1	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HANNA, TERESA	
STREET ADDRESS	114 12TH ST E	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEGIN, LEO	
STREET ADDRESS	357 8TH AVE. N. #5	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULHOLLAND, DOLORES	
STREET ADDRESS	357 8TH AVE NO SUITE 2	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 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.

SIGNATURE: TERESA HANNA **1/19/2000** **866-0660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE