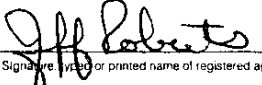
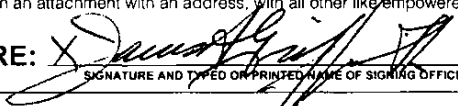


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90020 007 ****61.25

DOCUMENT # N02000008760					
1. Entity Name MARBELLA AT SPANISH WELLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O FAMILY PROPERTY SERVICES, INC 1330 RAIL HEAD BLVD STE 4 NAPLES, FL 34110 US		Mailing Address C/O FAMILY PROPERTY SERVICES, INC 1330 RAIL HEAD BLVD STE 4 NAPLES, FL 34110 US			
2. Principal Place of Business - No P.O. Box # C/O Kramer Triad Mgt. Group Suite, Apt. #, etc. 3050 N. Horseshoe Dr. #275 City & State Naples FL		3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. Suite # 275 City & State Naples FL		40102351 	
City & State Naples FL		City & State Naples FL		4. FEI Number 04-2755418 Applied For Not Applicable	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAMILY PROPERTY SERVICES, INC 1330 RAIL HEAD BLVD 4 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Kramer Triad Mgt. Group. LLC Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Dr. Suite # 275 City Naples FL Zip Code 34104		
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:  Jeff Roberts (manager)				DATE 4/14/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COUGHLIN, JOHN J 12550 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James A. Griffith 9251 Spanish moss Way Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEBELLO, JASON 12550 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLISS, KIRK 28110 TAMBERINE CT. #1222 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S James Nesbitt 9310 Spanish moss Way Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald Taylor 9135 Spanish moss Way Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred White 28165 Bobalini Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 4/23/08		Daytime Phone # 239 9470861	