

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90196 049 \*\*\*\*61.25

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<b>DOCUMENT # N03000001145</b> 1. Entity Name <b>MARBELLA VILLAS TOWNHOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4420 BEACON CIRCLE WEST PALM BEACH, FL 33407</b>			Mailing Address <b>4420 BEACON CIRCLE WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0204023</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PHOENIX MGMT SRVS INC 3082 JOG RD LAKE WORTH, FL 33467</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTROIANNI, NICHOLAS A II		NAME	7177 N. Bank St	
STREET ADDRESS	4420 BEACON CIRCLE		STREET ADDRESS	600 Marbella Lane	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	North Palm Beach, FL 33403	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Wayne Minnick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKELSTEIN, DAVID		NAME	564 Marbella Circle	
STREET ADDRESS	4420 BEACON CIRCLE		STREET ADDRESS	North Palm Beach, FL 33403	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	North Palm Beach, FL 33403	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Jason Emery	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANTON, ROGER C		NAME	Treasurer	
STREET ADDRESS	4420 BEACON CIRCLE		STREET ADDRESS	468 Marbella Drive	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	North Palm Beach, FL 33403	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Russell McGehee	
STREET ADDRESS			STREET ADDRESS	608 Marbella Lane	
CITY-ST-ZIP			CITY-ST-ZIP	North Palm Beach, FL 33403	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Robert Kevin S	
STREET ADDRESS			STREET ADDRESS	624 Marbella Lane	
CITY-ST-ZIP			CITY-ST-ZIP	North Palm Beach, FL 33403	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Wayne Minnick, V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					