

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90378 021 \*\*\*\*61.25

<b>DOCUMENT # N03000001802</b>					
<b>1. Entity Name</b> <b>MARBELLA AT SPANISH WELLS I CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> C/O FAMILY PROPERTY SERVICES, INC 1330 RAIL HEAD BLVD STE 4 NAPLES, FL 34110 US			<b>Mailing Address</b> C/O FAMILY PROPERTY SERVICES, INC 1330 RAIL HEAD BLVD STE 4 NAPLES, FL 34110 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Kramer-Triad Management Group Suite, Apt. #, etc. 3050 No. Horseshoe Dr. #275		<b>3. Mailing Address</b> Kramer-Triad Management Group Suite, Apt. #, etc. 3050 No. Horseshoe Dr. #275			
<b>City &amp; State</b> Naples FL		<b>City &amp; State</b> Naples FL		<b>4. FEI Number</b> 56-2432721	
<b>Zip</b> 34104		<b>Country</b> Collier		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FAMILY PROPERTY SERVICES, INC. 1330 RAIL HEAD BLVD 4 NAPLES, FL 34110				<b>7. Name and Address of New Registered Agent</b> Name Kramer-Triad Management Group Street Address (P.O. Box Number is Not Acceptable) 3050 No. Horseshoe Drive Suite 275 City Naples FL Zip Code 34104	
<b>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.</b> For the Board of Directors SIGNATURE <u>Shelly B. Mandell, Association Manager</u> <span style="float: right;">4/10/08</span> <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</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP BLISS, KIRK 28110 TAMBERINE CT. 1222 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DVP BONTEN, CARLA 28119 TAMBERINE CT. 1421 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DST CORAS, GREG 28125 TAMBERINE CT. 1521 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>For the Board of Directors</u> <u>Shelly B. Mandell, Association Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/08		239/263-1577 <small>Daytime Phone #</small>