2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001802

City-St-Zip:

BONITA SPRINGS, FL 34135 US

FILED Apr 10, 2009 Secretary of State

Entity Name: MARBELLA AT SPANISH WELLS LCONDOMINIUM ASSOCIATION INC

-nercy rear		EXTAIN OF A WOLLOW		0111710000		.		
Current Principal Place of Business:				New Principal Place of Business:				
KRAMER-TRIAD MANAGEMENT GROUP 2050 NO. HORSESHOE DR, #275				3050 N. HORSESHOE DR, #275				
NAPLES, F		NAPLES, FL 34104 US						
Current M	ailing Addres	New Mailing Address:						
	TRIAD MANAG	3050 N. HORSESHOE DR,						
2050 NO. F NAPLES, F	HORSESHOE I FL 34104 U			#275 NAPLES, F	L 34104	US		
El Number:	56-2432721	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certifica	te of Status D	Desired ()
Name and	Address of C	Name and Address of New Registered Agent:						
KRAMER-TRIAD MANAGEMENT GROUP 8050 NO. HORSESHOE DR STE 275 NAPLES, FL 34104 US				VANDALL, BONITA D 3050 NO. HORSESHOE DR STE 275 NAPLES, FL 34104 US				
The above		submits this statement for the	purpose o	,			egistered ag	gent, or both,
SIGNATUF	RE: BONITA V	04/10/2009						
	Electron	ic Signature of Registered A	gent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Fitle: Name: Address: City-St-Zip:	BLISS, KIRK 28110 TAMBER	Delete INE CT. 1222 SS, FL 34135 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	BONTEN, CARL 28119 TAMBER			Title: Name: Address: City-St-Zip:		()Change() Addition	
Fitle: Name:	DST () CORAS, GREG 28125 TAMBER			Title: Name:	DST BENO, THO	(X) Change(MAS	, ,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: BONITA SPRINGS, FL 34135 US

SIGNATURE: KIRK BLISS PRES 04/10/2009