

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90031 009 \*\*\*\*61.25

<b>DOCUMENT # N03000010626</b>					
<b>1. Entity Name</b> MARBELLA COVE AT WATERSTONE HOA, INC.					
<b>Principal Place of Business</b> C/O THE CONTINENTAL GROUP INC 11981 SW 144TH COURT, SUITE 201 MIAMI, FL 33186 US			<b>Mailing Address</b> THE CONTINENTAL GROUP, INC. 11981 SW 144TH COURT, SUITE 201 MIAMI, FL 33186		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0493098	
<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>  PAIGE, ROBERT E ESQ. STE 550, 9500 SOUTH DADELAND BLVD MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D <b>NAME</b> GALE, ADRIANE <b>STREET ADDRESS</b> 11981 SW 144TH COURT, SUITE 201 <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ALFONSO, HIDLELISA <b>STREET ADDRESS</b> 11981 SW 144TH COURT, SUITE 201 <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> REYES, MARK <b>STREET ADDRESS</b> 11981 SW 144TH COURT, SUITE 201 <b>CITY-ST-ZIP</b> MIAMI, FL 33186	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D TAMELA BROWN 11981 SW 144 COURT STE: 201 MIAMI, FL 33186					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D Deborah Sanchez 11981 SW 144 COURT STE: 201 MIAMI, FL 33186					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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> <i>X Mr. Reyes</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/10/07 Daytime Phone #: 305-255-3000					