


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90030 011 ****61.25

DOCUMENT # N04000006503

1. Entity Name
MARBELLA TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
**614 S LOIS AVE
 TAMPA, FL 33609**

Mailing Address
**614 S LOIS AVE
 TAMPA, FL 33609**

40032791



2. Principal Place of Business
2617 W. Horatio St.

3. Mailing Address
2617 W. Horatio St.

Suite, Apt. #, etc.
Unit B

City & State
Tampa FL

Zip
33609

Country
USA

02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-1588193

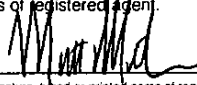
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PRINCE, RANDALL L
 614 S LOIS AVE
 TAMPA, FL 33609**

7. Name and Address of New Registered Agent
 Name **Matthew Michaels**
 Street Address (P.O. Box Number is Not Acceptable)
2617 W. Horatio St. - Unit B
 City **Tampa** FL Zip Code **33609**

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  **President/Director** DATE **2/25/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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	D COX, MITCHELL 614 S LOIS AVE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Michaels, Matthew 2617 Horatio Street - Unit B Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, RANDELL 614 S LOIS AVE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Sandra Ruggiese 2617-A W. Horatio Street Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECZOREK, PAUL 614 S LOIS AVE TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Alex Potent 2615 W. Horatio St. Unit A Tampa, FL 33609 <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 JUDITH WELLS 2615 W. HORATIO UNIT B TAMPA, FL 33609 <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"/> Change <input type="checkbox"/> Addition
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Matthew Michaels** Date **2/25/05** Daytime Phone # **(813)871-3080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR