

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# N04000007272

Entity Name: MARBELLA BY THE GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**New Mailing Address:**

C/O M & E ASSOCIATES OF MIAMI, INC.  
13200 SW 128 STREET, SUITE F-3  
MIAMI, FL 33186

**Current Mailing Address:**

2100 PONCE DE LEON BLVD  
SUITE 601  
CORAL GABLES, FL 33134

FEI Number: 20-1930959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FLETHCER, PATRICIA K PA  
200 S BISCAYNE BLVD SUITE 3400  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GARCIA-SARRAFF, RUBEN  
Address: 2100 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: GARCIA-SARRAFF, SUSAN A  
Address: 2100 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete  
Name: GARCIA-SARRAFF, JORGE L  
Address: 2100 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RUBEN GARCIA-SARRAFF

DP

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date