


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 009 ****70.00

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



Principal Place of Business
**2100 PONCE DE LEON BLVD
 SUITE 601
 CORAL GABLES, FL 33134**

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


2. Principal Place of Business
 Suite, Apt. #, etc.
2035 SW 42 ST, Suite 203

3. Mailing Address
 Suite, Apt. #, etc.
MIAMI, FL 33186

City & State
Miami, FL

Zip
33175

Country



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1930959

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FLETHCER, PATRICIA K PA
 200 S BISCAYNE BLVD SUITE 3400
 MIAMI, FL 33131** **DELETE**

7. Name and Address of New Registered Agent

Name
SKRLD, Inc.

Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE

City
**SUITE 1102
 CORAL Gables**

FL Zip Code
33134

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 *[Signature]* **Lisa Lerner Secretary 3/3/06**

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

Filing Fee is **\$61.25**
 Due by **May 1, 2006**

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	DP GARCIA-SARRAFF, RUBEN 2100 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ramon Vicente 2575 SW 27 AV. # 208 Miami, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA-SARRAFF, SUSAN A 2100 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input checked="" 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	STD GARCIA-SARRAFF, JORGE L 2100 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE: *[Signature]* **3/3/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #