

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000010848 1. Entity Name MARBELLA MASTER ASSOCIATION, INC.		 SECRETARY OF STATE DIVISION OF CORPORATE AFFAIRS 06 OCT 16 PM 4:01	
Principal Place of Business 770 HWY 98 DESTIN, FL 32541		Mailing Address 770 HWY 98 DESTIN, FL 32541	
2. Principal Place of Business Etheridge Prop. Mgmt. Suite, Apt. #, etc. 3298 Summit Blvd Ste #4 City & State Pensacola FL 32503 Zip 32503		3. Mailing Address 3298 Summit Blvd Suite, Apt. #, etc. Ste #4 City & State Pensacola, FL Zip 32503	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE 20-4466082		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELGALLO, STEVEN P 4 LAGUNA ST SUITE 201 FT WALTON BEACH, FL 32548		7. Name and Address of New Registered Agent Name Ray O. Etheridge Street Address (P.O. Box Number is Not Acceptable) 3298 Summit Blvd Ste #4 City Pensacola FL Zip Code 32503	
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 DATE 10/13/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	PD DELGALLO, STEVEN P 4 LAGUNA ST SUITE 201 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080882513 10/16/06--01052--015 **\$1.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHWEIZER, W. TODD 4 LAGUNA ST SUITE 201 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD IOVINO, MICHAEL 4 LAGUNA ST SUITE 201 FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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:		10/13/06 850 434-3585 Date Daytime Phone #	