

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001521

FILED
Mar 09, 2009
Secretary of State

Entity Name: MARBELLA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-2601014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: SILVERMAN, STEVE
Address: 917 1ST ST S #302
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD () Delete
Name: JACKSON, WILLIAM
Address: 917 1ST ST S #202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD () Delete
Name: ROULEAU, ROBERT
Address: 917 1ST ST S #902
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: BOEHME, RICHARD
Address: 917 1ST ST S #901
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: LARIZZA, ROCCO
Address: 917 1ST ST S #402
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TSD (X) Change () Addition
Name: VENUS, BAHMAN
Address: 917 1ST ST S #1102
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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 exemption stated 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 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: STEVE SILVERMAN

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date