2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005273

FILED Apr 08, 2009 Secretary of State

Entity Name: MARBELLA AT SPANISH WELLS III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

C/O FAMILY PROPERTY SERVICES, INC
1330 RAIL HEAD BLVD STE 4

NAPLES, FL 34110 US

C/O BENSON'S, INC.
12650 WHITEHALL DRIVE
FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

C/O FAMILY PROPERTY SERVICES, INC
1330 RAIL HEAD BLVD STE 4

NAPLES, FL 34110 US

C/O BENSON'S, INC.
12650 WHITEHALL DRIVE
FORT MYERS, FL 33907 US

FEI Number: 20-4607502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FAMILY PROPERTY SERVICES, INC

1330 RAIL HEAD BLVD

4

NAPLES, FL 34110 US

VANDALL, BONITA D

12650 WHITEHALL DRIVE

FORT MYERS, FL 33907 US

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: BONITA D. VANDALL 04/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 PEIPER, JEFF
 Name:

 Address:
 28265 LISBON CT UNIT3221
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135 US
 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change () Addition Name: VENTRESS, WILLIAM Name: BENO, THOMA

 Address:
 887 TURTLE COURT
 Address:
 9641 SPANISH MOSS WAY #4021

 City-St-Zip:
 NAPLES, FL 34108 US
 City-St-Zip:
 BONITA SPRINGS, FL 34135 US

Title: DST () Delete Title: DST (X) Change () Addition

Name: GJIKA, ANILA Name: MALCOLM, KENNETH

Address: 9611 SPANISH MOSS WAY #3733 Address: 9611 SPANISH MOSS WAY #3734
City-St-Zip: BONITA SPRINGS, FL 34135 US City-St-Zip: BONITA SPRINGS, FL 34135 US

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: JEFF PEIPER PRES 04/08/2009