## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006193

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

Entity Name: MARBELLA AT DAVENPORT HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1597 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 1597 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SCHAFFER, MARTIN HERRMANN, GERALD F ESQ 1597 SE PORT ST. LUCIE BLVD 1597 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 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: GERALD HERRMANN 04/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete ( ) Change (X) Addition SCHAFFER, MARTIN Name: Name: Address: Address: 1597 SE PORT ST. LUCIE BLVD. City-St-Zip: City-St-Zip: PORT ST. LUICE, FL 34952 Title: Title: ( ) Change (X) Addition ( ) Delete MORGINSTIN, ELIEZER Name: Name: Address: Address: 1597 SE PORT ST. LUCIE BLVD. City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34952 Title: () Delete Title: T/D ( ) Change (X) Addition CHAPMAN, RICHARD Name: Name: 1597 SE PORT ST. LUCIE BLVD. Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34952 Title: () Delete Title: ( ) Change (X) Addition Name: Name: GREENE, JOHN

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

Address:

City-St-Zip:

SIGNATURE: MARTIN SCHAFFER P/D 04/25/2006

1597 SE PORT ST. LUCIE BLVD.

PORT ST. LUCIE, FL 34952