

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Mar 02, 2007
Secretary of State**

DOCUMENT# N05000006193

Entity Name: MARBELLA AT DAVENPORT HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1597 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952**New Principal Place of Business:**100 SW ALBANY AVE.
110
STUART, FL 34994**Current Mailing Address:**1597 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952**New Mailing Address:**100 SW ALBANY AVE.
110
STUART, FL 34994**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERRMANN, GERALD F ESQ
1597 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952 US**Name and Address of New Registered Agent:**CHAPMAN, JOHN W ESQ
100 SW ALBANY AVE.
110
STUART, FL 34994 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: JOHN W. CHAPMAN

03/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P/D () Delete
Name: SCHAFFER, MARTIN
Address: 1597 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952Title: VP/D () Delete
Name: MORGINSTIN, ELIEZER
Address: 1597 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952Title: T/D () Delete
Name: CHAPMAN, RICHARD
Address: 1597 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P/D (X) Change () Addition
Name: SCHAFFER, MARTIN
Address: 100 SW ALBANY AVE., SUITE 110
City-St-Zip: STUART, FL 34994Title: VP/D (X) Change () Addition
Name: METSKY, ALLAN
Address: 100 SW ALBANY AVE., SUITE 110
City-St-Zip: STUART, FL 34994Title: T/D (X) Change () Addition
Name: GEBELHOFF, GARY
Address: 100 SW ALBANY AVE., SUITE 110
City-St-Zip: STUART, FL 34994

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.

SIGNATURE: ALLAN METSKY

VP

03/02/2007

Electronic Signature of Signing Officer or Director

Date