## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006193

FILED Apr 30, 2008 Secretary of State

Entity Name: MARBELLA AT DAVENPORT HOMEOWNERS' ASSOCIATION, INC.

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

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

**Current Mailing Address: New Mailing Address:** 

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 20-8696928 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:

HART, JAMES W JR HART, JAMES W JR 2180 WEST SR 434 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 STE. 5000 LONGWOOD, FL 327795044 US LONGWOOD, FL 327795044 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: JAMES W HART JR 04/30/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

SCHAFFER, MARTIN SCHAFFER, MARTIN Name: Name:

100 SW ALBANY AVE., SUITE 110 Address: 1597 SE PORT ST LUCIE BLVD Address: City-St-Zip: STUART, FL 34994 City-St-Zip: PORT ST LUCIE FL. FL 34952

Title: ( ) Delete Title: (X) Change ( ) Addition Name: METSKY, ALLAN Name: MORGINSTIN, ELIEZER

Address: 100 SW ALBANY AVE., SUITE 110 Address: 1597 SE PORT ST LUCIE BLVD City-St-Zip: STUART, FL 34994 City-St-Zip: PORT ST LUCIE, FL 34952

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

GEBELHOFF, GARY Name: Name: 100 SW ALBANY AVE., SUITE 110 Address: Address: City-St-Zip: STUART, FL 34994 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: MARTIN SCHAFFER PD 04/30/2008