

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006193

FILED
Feb 25, 2009
Secretary of State

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

Current Principal Place of Business:

425 W. COLONIAL DR., SUITE 204
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

425 W. COLONIAL DR., SUITE 204
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-8696928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JONATHAN D
425 W. COLONIAL DRIVE, SUITE 204
ORLANDO, FL 32804 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: SCHAFFER, MARTIN
Address: 1597 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE FL, FL 34952

Title: VPD () Delete
Name: MORGINSTIN, ELIEZER
Address: 1597 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODS, JONATHAN D
Address: 425 W COLONIAL DR., STE. 204
City-St-Zip: ORLANDO, FL 32804

Title: VPD (X) Change () Addition
Name: JOHNSON, DONNA
Address: 162 ANDALUSIA LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: S/T () Change (X) Addition
Name: WALKER, BERRY
Address: 1053 MAITLAND COMMONS BLVD., STE. 200
City-St-Zip: MAITLAND, FL 32751

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: JONATHAN D. WOODS

PD

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date