

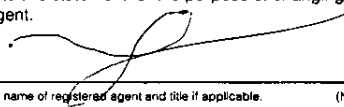
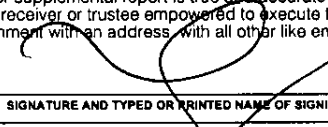


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 015 \*\*\*\*61.25

<b>DOCUMENT # N06000000145</b>					
<b>1. Entity Name</b> MARBELLA CONDOMINIUM ASSOCIATION AT 8TH AVENUE, INC.					
<b>Principal Place of Business</b> 12890 NE 8TH AVENUE NORTH MIAMI, FL 33133    US			<b>Mailing Address</b> 12890 NE 8TH AVENUE NORTH MIAMI, FL 33133    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3250 Mary Street Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133    Country		<b>3. Mailing Address</b> 3250 Mary Street Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133    Country			
					
04012008    Chg-NP    CR2E037 (12/06)		<b>4. FEI Number</b> 20-4368685			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> GOSSENHEIMER, JAMES D 3250 MARY STREET 307 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: Michael Goldberg Street Address (P.O. Box Number is Not Acceptable): 3250 Mary Street Suite 402 City: Coconut Grove    FL    Zip Code: 33133		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERMAN, DANA J 3250 MARY STREET, SUITE 501 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael Goldberg (Receiver) 3250 Mary Street Suite 402 Coconut Grove, Fl. 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, DAREN A 3250 MARY STREET, SUITE 501 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> 		DATE: 4/30/08    Daytime Phone #			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					