# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Dec 16, 2009**
**Secretary of State**

DOCUMENT# N06000000145

**Entity Name:** MARBELLA CONDOMINIUM ASSOCIATION AT 8TH AVENUE, INC.

**Current Principal Place of Business:**

12890 NE 8TH AVENUE
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 402507
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number: 20-4368685** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

COMPLETE PROPERTY MANAGEMENT RESOURCES
3550 BISCAYNE BLVD.
SUITE 401
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

BAKALAR & ASSOCIATES, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: MICHAEL BAKALAR 12/16/2009
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SCHWARTZ, DARREN
Address: 3250 MARY STREET, SUITE 501
City-St-Zip: MIAMI, FL 33133 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: JADOONANDAN, INDIRA
Address: PO BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Change (X) Addition
Name: MORENO, RAFAEL
Address: PO BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Change (X) Addition
Name: REPETTO, NICK
Address: PO BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Change (X) Addition
Name: CASARES, RUBEN
Address: PO BOX 402507
City-St-Zip: MIAMI BEACH, FL 33140

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: INDIRA JADOONANDAN P 12/16/2009
Electronic Signature of Signing Officer or Director — Date