

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06255	
1. Entity Name MARBELLA VILLAS A CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2275-2289 W. 55TH STREET HIALEAH FL 33016 US	Mailing Address C/O CAM MANAGEMENT SERVICES P.O. BOX 5103 HIALEAH FL 33014
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

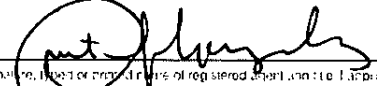
1st MOORE CR2E037 (10/07)

4. FEI Number 65-0239906	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAM MANAGEMENT SERVICES C/O ANITA GONZALEZ 6175 NW 167TH ST SUITE G-1 MIAMI LAKES FL 33015
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE  DATE **2/1/08**
Signature must be printed name of registered agent and title. (NOTE: Registered Agent signature is required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
D ACOSTA, JOSE L 2275 WEST 55TH ST HIALEAH FL 33016	
TD ACOSTA, JOSE L 2294 WEST 55TH ST HIALEAH FL 33016	☐ Delete
SD BARAGANO, ORLANDO 2283 WEST 55TH ST HIALEAH FL 33016	☐ Delete
☐ Delete	
☐ Delete	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
000000846652 03/18/08-80035-019 61.25	☐ Change ☐ Addition
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  **Jose L. Acosta** 2/28/08 (305) 826-9191