

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06255

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** MARBELLA VILLAS A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2275-2289 W. 55TH STREET  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAM MANAGEMENT SERVICES  
P.O. BOX 5103  
HIALEAH, FL 33014

**New Mailing Address:**

**FEI Number:** 65-0239906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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: D ( ) Delete  
Name: ACOSTA, JOSE L  
Address: 2275 WEST 55TH ST  
City-St-Zip: HIALEAH, FL 33016

Title: TD ( ) Delete  
Name: ACOSTA, JOSE L  
Address: 2294 WEST 55TH ST  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: BARAGANO, ORLANDO  
Address: 2283 WEST 55TH ST  
City-St-Zip: HIALEAH, FL 33016

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOSE L. ACOSTA

PD

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date