

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 29, 2009**  
**Secretary of State**

DOCUMENT# N07000007947

**Entity Name:** MARBELLA RESERVE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2803 PONKAN PINES DRIVE  
APOPKA, FL 32712**New Principal Place of Business:**2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806**Current Mailing Address:**PO BOX 194  
PLYMOUTH, FL 32768**New Mailing Address:**2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806**FEI Number:** 20-0937607**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FRENCH PROFESSIONAL MANAGEMENT INC.  
2803 PONKAN PINES DRIVE  
APOPKA, FL 32768 US**Name and Address of New Registered Agent:**WORLD OF HOMES  
2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806 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: CRYSTAL SOLIS

10/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HOLSTON, ROBERT W JR  
Address: P.O. BOX 770609  
City-St-Zip: WINTER GARDEN, FL 34777

Title: VPTD ( ) Delete  
Name: JUNE, ROHLAND A II  
Address: P.O. BOX 770609  
City-St-Zip: WINTER GARDEN, FL 34777

Title: D (X) Delete  
Name: MAY, JACQUELINE  
Address: P.O. BOX 770609  
City-St-Zip: WINTER GARDEN, FL 34777

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

Title: PRES (X) Change ( ) Addition  
Name: ATWELL, GEORGE  
Address: 1761 ALAMBRA CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: VPTD (X) Change ( ) Addition  
Name: STEWART, ROCINDA  
Address: 1831 ALAMBRA CIRCLE  
City-St-Zip: APOPKA, FL 32703

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: CRYSTAL SOLIS

LCAM

10/29/2009

Electronic Signature of Signing Officer or Director

Date