
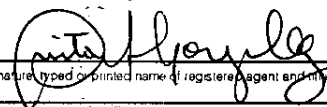


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90065 011 ****61.25

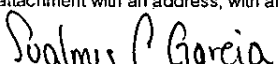
DOCUMENT # N14885 1. Entity Name MARBELLA PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1665 WEST 59 STREET HIALEAH FL 33012		Mailing Address 1665 WEST 59 STREET HIALEAH FL 33012	
2. Principal Place of Business 1675 W. 59 St. Suite, Apt. #, etc.		3. Mailing Address c/o CAM Management P.O. Box 5103 Suite, Apt. #, etc.	
City & State Hialeah, FL.		City & State Hialeah, FL.	
Zip 33012	Country USA	Zip 33014-1103	Country USA
6. Name and Address of Current Registered Agent GIL, LILLIE 13831 SW 59 ST. #207 MIAMI FL 33183		7. Name and Address of New Registered Agent Name Anita Gonzalez Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49 St. #330 City Hialeah, FL Zip Code 33012	
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 08/10/05	
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. SD OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOVRA, CLAUDIA 1695 W 59 ST. HIALEAH FL 33012 PD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENTIESTEBAN, OBED 1675 WEST 59 STREET HIALEAH FL 33012 TD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, SUALMIS C 1679 WEST 59 STREET HIALEAH FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP



2nd MOORE CR2E037 (5/05)

4. FEI Number 65-0117455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Sualmis Garcia** **8/31/05** **305-826-9191**