

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 026 ****61.25

DOCUMENT # N14885

1. Entity Name
MARBELLA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1675 W 59 ST
HIALEAH, FL 33012**

Mailing Address
**C/O CAM MANAGEMENT
P.O. BOX 5103
HIALEAH, FL 33014-1103**

50026275



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
65-0117455

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ANITA
1800 W 49 ST, # 330
HIALEAH, FL 33012**

Name **Anita Gonzalez**

Street Address (P.O. Box Number is Not Acceptable)
CAM Management Services

6175 N.W. 167 St. Unit G1

City **Miami Lakes**

FL Zip Code **33015**

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

[Signature]

Signature, typed or printed name of registered agent, and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/06/06

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **GOVRA, CLAUDIA**
STREET ADDRESS **1695 W 59 ST.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **PD** ☐ Delete
NAME **SENTIESTEBAN, OBED**
STREET ADDRESS **1675 WEST 59 STREET**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **TD** ☐ Delete
NAME **GARCIA, SUALMIS C**
STREET ADDRESS **1679 WEST 59 STREET**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President - Obed Santiesteban

Date

Daytime Phone #

7-21-06 786-402-8771