


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 029 ****61.25

DOCUMENT # N22142		
1. Entity Name MARBRISA HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business C/O ELLIOTT MERRILL MGMT 835 20TH PLACE VERO BEACH, FL 32960 US	Mailing Address C/O ELLIOTT MERRILL MGMT 835 20TH PLACE VERO BEACH, FL 32960 US
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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

40058446



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2875555	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MERRILL, KAREN L ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PLACE VERO BEACH, FL 32960		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGNOTTI, EDMOND 540 MARSH DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINTAN, RICHARD 105 S CARMEL CT VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUINLAN, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOY, RAYMOND 410 VENTURA PL VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hoag, Raymond <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 410 Ventura Place Ver Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAHUE, JOHN 520 MARBRISA DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Donahue, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Marbrisa Dr Ver Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILHELM, JERRY <input checked="" type="checkbox"/> Delete 465 VENTURA PLACE VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hendricks, Christian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 700 Marbrisa River Lane Ver Beach FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWD, RICHARD <input checked="" type="checkbox"/> Delete 370 MARBRISA DR VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raymond A Hoag* **3/31/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #