2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYRED ORIPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90064 003 ****61.25

DOCUMENT # N22142 1. Entity Name MARBRISA HOMEOWNERS ASSOCIATION, INC.									04-11-	2000 70001	003	01.23
Principal Place C/O ELLIOTT 835 20TH PL VERO BEACH	MERRILL M Lace	GMT	Mailing Address C/O ELLIOTT MERRILL MGMT 835 20TH PLACE VERO BEACH, FL 32960 US				- 	 		EIN ENDIN BIBNI BIB	 	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01242008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Numbe 59-287			_ 	plied For t Applicable
Zip	Country		Zip		Cou	Country 5. C		5. Certificate	of Status Des	ired 🗌	\$8.75 Add Fee Require	
	E. Name	legistered Agent			N	7. Name and Address of New Registered Agent						
MERRILL, ELLIOTT N 835 20TH I	/IERRILL				Name RCSS EARLE, & BONAN, PA Street Address (P.Q. Box Number is Not Acceptable) 759. F. FEDERAL HWY, SUITE 212							
VERO BEA					City Columnia				FI	Zip Cou	⁰ 0 611	
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.												and accept
SIGNATURE Signature, typed of printed name of Tegistered agreet and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.									е	Make chec Florida Depa	k payable t	
10.		OFFICERS AND DIF	RECTORS		11.		,	ADDITIONS/CH	ANGES TO O	FFICERS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	540 MAR	TI, EDMOND SH DR EACH, FL 32963	Ç	⊠ Delete			445	CIO, SYL VENTUI O BEAC	ea pl.		☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	105 S CA	N, RICHARD RMEL CT EACH, FL 32963	[] Delete				NLAN	-,,		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	410 VEN	AYMOND TURA PL EACH, FL 32963	Ş	⊠ Delete			711	KOWSKI, MAKBR ZU BEAG	15A RU		□ ûnange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	520 MAR	JE, JOHN BRISA DR EACH, FL 32963	ţ	⊠ Delete			W161 445	HELM, J VEDTUE ZO BEAC	ERRY PHPL		Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 MAR	CKS, CHRISTIAN BRISA RIVER LANE EACH, FL 32963	[☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Delete					•		☐ Change	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 employered 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 additional statutes.												