

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # N22859 (5)

1. Corporation Name
MARBELLA CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business Mailing Address
9341 COLLINS AVENUE 9341 COLLINS AVENUE
SURFSIDE FL 33154-2600 SURFSIDE FL 33154-2600

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1987	3a. Date of Last Report 04/01/1994
4. FEI Number 65-0131797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
ANDINO, ELSA
9341 COLLINS AVE
SURFSIDE FL 33154

10. Name and Address of New Registered Agent
81 Name **SANS, LOURDES**
82 Street Address (P.O. Box Number is Not Acceptable)
6450 COLLINS AV #205
83 **MIAMI BEACH, FL 33141**
84 City **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/8/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALDERON, ISIDORO 9341 COLLINS AVE #803 SURFSIDE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT COLON, RAMON 9341 Collins Av #907 SURFSIDE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRETTO, MARIA 9341 COLLINS AVE #207 SURFSIDE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SEC. WILSON, BILL 9341 COLLINS AV #701 SURFSIDE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CROSSMAN, LEO 9341 COLLINS AVE #1101 SURFSIDE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREAS. GROSSMAN, LEO 9341 COLLINS AV # 1101 SURFSIDE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLON, JORGE 9341 COLLINS AVE #907 SURFSIDE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D PEREZ, CARLOS 9341 COLLINS AV #505 SURFSIDE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOCCIOLA, ROSE 9341 COLLINS AVE #606 SURFSIDE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D CALDERON, ISIDORO 9341 COLLINS AV #803 SURFSIDE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRANSKY, OTTO 9341 COLLINS AVE #1205 SURFSIDE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D KITE, MRS. JAMES 9341 COLLINS AV #1202 SURFSIDE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **2/8/95**