

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90011 033 ****61.25

DOCUMENT # N22859 1. Entity Name MARBELLA CONDOMINIUM ASSOCIATION II, INC.	
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Principal Place of Business 9341 COLLINS AVENUE SURFSIDE FL 33154-2600	Mailing Address 9341 COLLINS AVENUE SURFSIDE FL 33154-2600
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent OLCHYK, OSCAR 9341 COLLINS AVENUE #508 SURFSIDE FL 33154	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0131797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	P COHEN, LOUIS 9341 COLLINS AVE #1008 SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Fidel Napoles 9341 Collins Ave #404 Surfside, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAPOLES, FIDEL 8341 COLLINS AVE #404 SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Albert Tricomi 9341 Collins Ave #504 Surfside, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLCHYK, OSCAR 9341 COLLINS AVE #508 SURFSIDE FL 33154 <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	S LEPOUTER, CINDY 9341 COLLINS AVE #402 SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9341 Collins Ave #908 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADAGA, LEOPOLDO DR 9341 COLLINS AVE #305 SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9341 Collins Ave #308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACHAR, JACOBO 9431 COLLINS AVE., #308 SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9341 Collins Ave #1101 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Oscar Olchyt* *Treasurer* 02/05/04 305-867-5817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARBELLA CONDOMINIUM
ASSOC. II, INC.
9341 COLLINS AVENUE
SURFSIDE, FLORIDA 33154

Attachment
Doc. # N22859

2004 BOARD OF DIRECTORS

54007318

PRESIDENT-- LOUIS COHEN

V. PRESIDENT AL TRICOMI

TREASURER-- OSCAR OLCHYK

~~**SECRETARY-- CINDY LEPOUTER**~~

**DIRECTORS-- FIDEL NAPOLES
JACOBO BLACHAR
DR. LEOPOLDO LADAGA**