2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State
02-01-2006 90009 044 ****61.25

DOCUMENT # N22859

1. Entity Name
MARBELLA CONDOMINIUM ASSOCIATION II, INC.

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

Mailing Address
9341 COLLINS AVENUE
SURFSIDE, FL 33154-2600

01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0131797 — Applied For / Not Applicable

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
OLCHYK, OSCAR 9341 COLLINS AVENUE #508 SURFSIDE, FL 33154	Name: DR. LEOPOLDO LADAGA Street Address (P.O. Box Number is Not Acceptable): 9341 COLLINS AVE - # 308 City: SURFSIDE FL Zip Code: 33154

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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	COHEN, LOUIS		NAME	DR. LEOPOLDO LADAGA	
STREET ADDRESS	9341 COLLINS AVE #1008		STREET ADDRESS	9341 COLLINS AVE # 308	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	NAPOLES, FIDEL		NAME	MARTA OLCHYK	
STREET ADDRESS	8341 COLLINS AVE #404		STREET ADDRESS	9341 COLLINS AVE # 508	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	T	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	OLCHYK, OSCAR		NAME	GRACE HEISING	
STREET ADDRESS	9341 COLLINS AVE #508		STREET ADDRESS	9341 COLLINS AVE # 701	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	D	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	BEJAR, JACOBO DR		NAME	JOSE BAENA	
STREET ADDRESS	9341 COLLINS AVE #305		STREET ADDRESS	9341 COLLINS AVE # 301	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	VP	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	LADAGA, LEOPOLDO DR		NAME	JACOBO BLACHAR	
STREET ADDRESS	9341 COLLINS AVE #308		STREET ADDRESS	9341 COLLINS AVE # 1101	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	S	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BLACHAR, JACOBO		NAME	CINDY LEPOUTER	
STREET ADDRESS	9341 COLLINS AVE #1101		STREET ADDRESS	9341 COLLINS AVE # 908	
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP	SURFSIDE FL 33154	

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: Leopoldo E Ladaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #