


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90009 044 \*\*\*\*61.25

<b>DOCUMENT # N22859</b>					
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		
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 <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEJAR, JACOBO DR		NAME	JOSE BAGNA	
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	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACHAR, JACOBO		NAME	DIDDY 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: <u>Leopoldo E Ladaga</u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					