2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 30, 2007 8:00 am Secretary of State

03-30-2007 90128 009 ****61.25

DOCUMENT # N23141

1. Entity Name MARBRISA SEASIDE VILLAGE OWNERS ASSOCIATION,



Principal Place of Business

Mailing Addrage

400	45	126	8
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C/O ELLIOTT 835 20TH PI VERO BEACH			C/O E 835 2	LLIOTT MERRILL M 20TH PLACE BEACH, FL 32960		5						
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Maili	ng Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					02072007	Chg-NP	CR2E03	37 (12/06)				
City & State	City & State City & State				4. FEI Numbe 59-287			<u> </u>	plied For t Applicable			
Zip		Country	Zip		Cou	ntry		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered	d Agent				7. Name and	Address of New	Registered A	Agent	
MERRILL	KARENI					Name						
MERRILL, KAREN L 835 20TH PLACE VERO BEACH, FL 32960				Street Ad	dress (F	P.O. Box Numbe	er is Not Acceptab	ole)				
						City				FL	Zip Codi	9
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												
	_	e is \$61.25 ay 1, 2007		9. Election Camp Trust Fund Co				\$5.00 May B		Make check orida Depar		1
10.		OFFICERS AND DIF	RECTORS		11.		Α	DDITIONS/CHA	ANGES TO OFFIC	ERS AND DIE	RECTORS IN	10
										C 10 / 11 4D D 11		
TITLE	VP			☐ Delete	TITLE	· ·	TD			20071110011	☐ Change	Addition
TITLE NAME	COCKEY,			☐ Delete	NAME	: (TD			<u> </u>		☐ Addition
NAME STREET ADDRESS	COCKEY, 540 NORT	H MONTERY DRIVE		☐ Delete	NAME	ET ADDRESS	TD Coxe 540	y Lec V Monte	vey Or			Addition
NAME	COCKEY, 540 NORT			☐ Delete	NAME STREE	ET ADDRESS	TD Coxe 540 Ven	y Lec V Monte Beach				Addition
NAME STREET ADDRESS	COCKEY, 540 NORT	H MONTERY DRIVE		☐ Delete	NAME STREE	ET ADDRESS :	TD Coke 540 Ven	y, Lec V Monte Beach,	vey Or FL 3296			☐ Addition
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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:	Marty O. Thaly	3/14/07	772 234-892
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #