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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 APR 12 PM 11:48

DOCUMENT # **N32807** (2)

1. Corporation Name

MARBELLA COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY ST SARASOTA FL 34231-0603	C/O CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY ST SARASOTA FL 34231-0603

3. Date Incorporated or Qualified 06/14/1989	3a. Date of Last Report 03/23/1994
4. FEI Number 65-0125424	Applied For 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 § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY ST
SARASOTA FL 34231-0603**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	ASS
NAME	CLARK, P R
STREET ADDRESS	1801 GLENGARY STR
CITY - ST - ZIP	SARASOTA FL
TITLE	PD
NAME	ABRAMS, MONTY R
STREET ADDRESS	4180 VIA MIRADA
CITY - ST - ZIP	SARASOTA FL
TITLE	DV
NAME	BOUTON, CHARLES E
STREET ADDRESS	4058 VIA MIRADA
CITY - ST - ZIP	SARASOTA FL
TITLE	STD
NAME	AGNEW, ADELYN S
STREET ADDRESS	4117 VIA MIRADA
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	SCOTT, SAMUEL
STREET ADDRESS	8748 PASEO CASTILLE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	BOGGS, GAIL E
STREET ADDRESS	6823 AVENIDA MARBELLA
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE ATTACHED

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 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 in an attachment with my address.

SIGNATURE: *P. Richard Clark* **2/11/95** **83-921-5393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #

MBA

Marbella Community Association, Inc.

N32807

Manager TEAM Local Address

P/D Mr. Monty E. Abrams
4180 Via Mirada
Sarasota, FL 34238

V/D Mr. Charles E. Bouton
4058 Via Mirada
Sarasota, FL 34238

S/T/D Mrs. Annette D'Autorio
6710 Paseo Castille
Sarasota, FL 34238

D Mr. Samuel Scott
6746 Paseo Castille
Sarasota, FL 34238

D Mr. John M. Groskopf
4188 Via Mirada
Sarasota, FL 34238

A/S P. Richard Clark
1801 Glengary Street
Sarasota, FL

A/T Paul R. Clark, Jr.
1801 Glengary Street
Sarasota, FL