


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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90015 031 ****61.25

DOCUMENT # N32807
 1. Entity Name
MARBELLA COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2477 STICKMAY POINT RD. 2477 STICKMAY POINT RD.
 SUITE 118-A SUITE 118-A
 SARASOTA FL 34231 SARASOTA FL 34231
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **65-0125424** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONDOMINIUM MANAGEMENT, INC
C/O AREUS PROPERTY MGMT.
2477 STICKWAY POINT RD., STE 118-A
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name **AREUS-PROPERTY MANAGEMENT INC.**
 Street Address (P.O. Box Number is Not Acceptable) **2477 STICKMAY POINT RD.**
SUITE 118A
 City **SARASOTA** FL Zip Code **34231**

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]* **1/27/04**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSEN, LARRY <input checked="" type="checkbox"/> Delete 6215 AUGUS MARBLE SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOCH, CHRIS J <input type="checkbox"/> Delete 4164 VIA MIRADA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOERTZ, ALFRED <input type="checkbox"/> Delete 4006 VIA MIRADA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILIBERTO, CAROLE A <input checked="" type="checkbox"/> Delete 4034 VIA MIRADA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONSON III, DICK <input checked="" type="checkbox"/> Delete 4005 VIA MIRADA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWIER, RICHARD <input checked="" type="checkbox"/> Delete 6718 PASEO CASTILLE SARASOTA FL 34238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICIA MCKEE 6808 AVENIDA MARBELLA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRIS J. HOCH 4164 VIA MIRADA SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALFRED HOERTZ 4006 VIA MIRADA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GERALDINE NORWOOD 4001 VIA MIRADA SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HERBERT BARON 6790 PASEO CASTILLE SARASOTA FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GRACE RIKER 4050 VIA MIRADA SARASOTA FL 34238

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: *[Signature]* **1/29/04**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #