

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90208 050 \*\*\*\*61.25

**DOCUMENT # N32807**

1. Entity Name  
**MARBELLA COMMUNITY ASSOCIATION, INC.**



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

2. Principal Place of Business 3. Mailing Address  
**2477 Stickney Point Rd 2477 Stickney Point Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**118A 118A**

City & State City & State  
**Sarasota, FL Sarasota, FL**

Zip Country Zip Country  
**34231 USA 34231 USA**



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name **ARGUS PROPERTY MANAGEMENT, INC**

Street Address (P.O. Box Number is Not Acceptable)

**2477 STICKNEY POINT RD, SUITE 118A**

City **SARASOTA** State **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]* DATE **4/22/03**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CLARK, P R 1801 GLENGARY STR SARASOTA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRADLEY, JANICE 4108 VIA MIRADA SARASOTA FL 34238</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DUBANEVICH, DOT 4144 VIA MIRADA SARASOTA FL 34238</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DILIBERTO, CAROLE A 4034 VIA MIRADA SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONSON III, DICK 4005 VIA MIRADA SARASOTA FL 34238</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWIER, RICHARD 6718 PASEO CASTILLE SARASOTA FL 34238</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LARRY HANSEN 685 AVENIDA MARBELLA SARASOTA, FL 34238</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HOCH, CHRIS J 4164 VIA MIRADA SARASOTA, FL 34238</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOERTZ, ALFRED 4006 VIA MIRADA SARASOTA, FL 34238</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TEAR, RANDY 4087 VIA MIRADA SARASOTA, FL 34238</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Treasurer 4/22/03 941 9251973**

11/01/01

CR2E037 (10/02)