


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

03-12-2007 90367 018 ****61.25

DOCUMENT # N94000003386

1. Entity Name
MAR BRISA OWNERS ASSOCIATION, INC.



Principal Place of Business
112 MAR BRISA CT
SATELLITE BEACH, FL 32937 US

Mailing Address
1980 N. ATLANTIC AVE.
701
COCOA BEACH, FL 32931 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
1978 Rockledge Blvd
106
 Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State
Rockledge, FL

Zip
32955

Country
Broward

4. FEI Number
59-3253917

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, PETEY
1980 N. ATLANTIC AVE.
STE 701
COCOA BEACH, FL 32931

Name **VAN MOORE**

Street Address (P.O. Box Number is Not Acceptable)
1978 Rockledge Blvd Ste 106

City **Rockledge** FL Zip Code **32955**

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 *Van Moore* DATE 3/28/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by May 1, 2007

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	PD ROY, CLARA 712 MAR BRISA CT SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPRINGER, NORMA 708 MAR BRISA CT SAT BCH, FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAFF, BETSY 608 MAR BRISE CT SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTANRO, JO ALLYSON 302 ESPANO CT SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, JAMES 306 ESPANO CT SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARINA, THERESA 310 ESPANA COURT SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHIN, STEVE 105 MAR BRISA COURT SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HAFF, BETSY 608 MAR BRISE CT SATELLITE, BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CATTANRO, JO ALLYSON 302 ESPANO CT. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WESLEY, JAMES 306 ESPANO CT SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jo Allyson Cattano* DATE 3/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/12/2007-90367-018-\$61.25-\$61.25

ATTACHMENT
66009106

DOCUMENT # N94000003386			
1. Entity Name MAR-BRISA OWNERS ASSOCIATION, INC.			
Principal Place of Business 112 MAR BRISA CT SATELLITE BEACH, FL 32937 US		Mailing Address 1980 N. ATLANTIC AVE. 701 COCOA BEACH, FL 32931 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01172007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3253917		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, PETEY 1980 N. ATLANTIC AVE. STE 701 COCOA BEACH, FL 32931		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROY, CLARA 712 MAR BRISA CT SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THERESA BARINA 310 ESPANA COURT SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPRINGER, NORMA 708 MAR BRISA CT SAT BCH, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER AT LARGE STEVE CHIN 105 MAR BRISA COURT SATELLITE BEACH, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAFF, BETSY 608 MAR BRISA CT SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICED PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTANRO, JO ALLYSON 302 ESPANA CT SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JO ALLYSON CATTANRO 302 ESPANA COURT SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, JAMES 306 ESPANA CT SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 306 ESPANA COURT SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		Date: 3/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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