

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90037 022 \*\*\*\*61.25

**DOCUMENT # N96000004464**

1. Entity Name  
**THE MARBELLA AT PELICAN BAY CONDOMINIUM ASSOCIAT**

Principal Place of Business      Mailing Address  
**7315 PELICAN BAY BLVD.**      **7315 PELICAN BAY BLVD.**  
**NAPLES FL 34108**      **NAPLES FL 34108-7515**

2. Principal Place of Business      Mailing Address  
**7425 Pelican Bay Blvd.**      **7425 Pelican Bay Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Naples, FL**      **Naples, FL**  
 Zip      Country      Zip      Country  
**34108**      **USA**      **34108**      **USA**

4. FEI Number      Applied For  
**59-3407400**       Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HASTINGS, VIVEN M**  
**24301 WALDEN CENTER DRIVE,**  
**STE. 300**  
**BONITA SPRINGS FL 34134**

**7. Name and Address of New Registered Agent**

Name **JOHN SWALM III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2375 TAMiami TRN, STE # 308**  
 City **NAPLES**      FL      Zip Code **34103**

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.

SIGNATURE *John M. Swalm III*  
 Signature, typed or printed name of registered agent and title if applicable

**2/10/00**  
 DATE

(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 Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PAGE, GEORGE R	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, DWIGHT	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HANLON, CHRISTOPHER J	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HIMROD, MELAINE M	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY E JONES	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT HASSON	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED T FELSBURG	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN MILLER	
STREET ADDRESS	7425 PELICAN BAY BLVD.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson Chockley	
STREET ADDRESS	7425 Pelican Bay Blvd.	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/00**  
 Date

**941-593-2313**  
 Daytime Phone #

CR2E037 (9/99)