


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004464
 1. Entity Name
 THE MARBELLA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 7425 PELICAN BAY BLVD. 7425 PELICAN BAY BLVD.
 NAPLES, FL 34108 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3407400 Not Applicable

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

6. Name and Address of Current Registered Agent
 FALK, STEVEN
 850 PARK SHORE DRIVE
 THIRD FLOOR
 NAPLES, FL 34103

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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 _____
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, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000299210
 04/11/05-80098-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOYT, JOHN
STREET ADDRESS	7425 PELICAN BAY BLVD.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD
NAME	REINS, ROBERT
STREET ADDRESS	7425 PELICAN BAY BLVD.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	TD
NAME	HUGHEY, STANLEY
STREET ADDRESS	7425 PELICAN BAY BLVD.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	PD
NAME	JONES, HENRY
STREET ADDRESS	7425 PELICAN BAY BLVD.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VPD
NAME	COUNSELMAN, CHARLES
STREET ADDRESS	7425 PELICAN BAY BLVD.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stanley Hughey 4/8/05 (239) 513-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #