


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90096 007 ****70.00

DOCUMENT # N96000004464					
1. Entity Name THE MARBELLA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7425 PELICAN BAY BLVD. NAPLES, FL 34108		Mailing Address 7425 PELICAN BAY BLVD. NAPLES, FL 34108		03132007 Chg-NP CR2E037 (12/06)	
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	4. FEI Number 59-3407400	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FALK, STEVEN 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 34103			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JIM		NAME	CARROLL, JIM	
STREET ADDRESS	7425 PELICAN BAY BLVD.		STREET ADDRESS	(SAME ADDRESS)	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	NO CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEITCH, BETTY		NAME		
STREET ADDRESS	7425 PELICAN BAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRADY, WILLIAM		NAME	MALONE, ED	
STREET ADDRESS	7425 PELICAN BAY BLVD.		STREET ADDRESS	7425 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALEY, SAM		NAME	SANG, DONALD	
STREET ADDRESS	7425 PELICAN BAY BLVD.		STREET ADDRESS	7425 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNIG, RAY		NAME	WERNIG, RAY	
STREET ADDRESS	7425 PELICAN BAY BLVD.		STREET ADDRESS	(SAME ADDRESS)	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James A. Caroll</i>		4/6/07		(239) 593-2300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	