

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000508

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** MARBELLA PHASE I OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4901 VINELAND ROAD  
SUITE 350  
ORLANDO, FL 32811

**New Principal Place of Business:**

7347 SAND LAKE ROAD  
SUITE 200  
ORLANDO, FL 32819

**Current Mailing Address:**

4901 VINELAND ROAD  
SUITE 350  
ORLANDO, FL 32811

**New Mailing Address:**

7347 SAND LAKE ROAD  
SUITE 200  
ORLANDO, FL 32819

**FEI Number:** 20-3641336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAGGARD, GUY S  
301 E. PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: MAHARAJ, SHAM  
Address: 4901 VINELAND ROAD, SUITE 350  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: MAHARAJ, MEERA  
Address: 4901 VINELAND ROAD, SUITE 350  
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete  
Name: WALLACE, JEFF  
Address: 4901 VINELAND ROAD, SUITE 350  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: MAHARAJ, SHAM  
Address: 7347 SAND LAKE ROAD, SUITE 200  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition  
Name: MAHARAJ, MEERA  
Address: 7347 SAND LAKE ROAD, SUITE 200  
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition  
Name: WALLACE, JEFF  
Address: 7347 SAND LAKE ROAD, SUITE 200  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAM MAHARAJ

PTSD

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date