


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006625**  
 1. Entity Name  
**MARBELLA AT MIZNER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441	Mailing Address 1215 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441
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01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1034290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAMPBELL PROPERTY MANAGEMENT  
 1215 E HILLSBORO BLVD  
 DEERFIELD BEACH, FL 33441

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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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPSKY, LEN 16088 BRIER CREEK DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, JIM 15961 BRIER CREEK DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, MIKE 16072 BRIER CREEK DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NATHAN, DIANE 16096 BRIER CREEK DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOIDER, HOWARD 16033 BRICA CREEK DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100003465553  
 13/22/06-80035-009 61.25

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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: Donald Lipsky **03/06/06** **(561) 989-1580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #