

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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
**16102 MIZNER CLUB DR
 DELRAY BEACH, FL 33446**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1034290 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 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, 2008**

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

000000783456
 01/16/08-80015-014 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEREZ, JEFF 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FRIEDMAN, DOROTHY 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARRIS, DEB 1602 MIZNER CLUB DR DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NATHAN, DIANE 16096 BRIER CREEK DELRAY BEACH, FL 33446 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MOIDER, HOWARD 16033 BRICA CREEK DR DELRAY BEACH, FL 33446 |
| 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 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: Diane Nathan-Pres h Diane Nathan 1/9/08 638-9306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #