

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725749 (6)
1. Corporation Name
MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business: **900 S.W. 84TH AVE. MIAMI FL 33155**
Mailing Address: **8299 CORAL WAY MIAMI FL 33155**

3. Date Incorporated or Qualified: **03/08/1973**
3a. Date of Last Report: **06/06/1995**
4. FEI Number: **59-1462704**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** **33144** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**PROPERTY MANAGEMENT SERVICES CORP.
8299 CORAL WAY
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-appointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCA, GEORGINA	1.2 NAME	BLANCA, GEORGINA
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 216	1.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 216
CITY - ST - ZIP	MIAMI FL 33155	1.4 CITY - ST - ZIP	MIAMI, FL 33144
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRIOS, DANIEL	2.2 NAME	BARROS, LILIANA
STREET ADDRESS	900 S.W. 84TH AVENUE, APT.	2.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 516
CITY - ST - ZIP	MIAMI FL 33155	2.4 CITY - ST - ZIP	MIAMI, FL 33144
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, CARLOS	3.2 NAME	FERNANDEZ - MARCANE, LEONARDO
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 215	3.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 315
CITY - ST - ZIP	MIAMI FL 33155	3.4 CITY - ST - ZIP	MIAMI, FL 33144
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-MARCANE, LEONARDO	4.2 NAME	BLANCO, EVARISTA
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 315	4.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 211
CITY - ST - ZIP	MIAMI FL 33155	4.4 CITY - ST - ZIP	MIAMI, FL 33144
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **01/25/96 (305) 557-0711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)