

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

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90006 040 \*\*\*\*61.25



**DOCUMENT # 725749**  
 1. Entity Name  
**MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.**

Principal Place of Business  
**% CARIBBEAN PROPERTY MNGMT**  
**12301 SW 132 CT**  
**MIAMI, FL 33186 US**

Mailing Address  
**% CARIBBEAN PROPERTY MNGMT**  
**12301 SW 132 CT**  
**MIAMI, FL 33186 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02082006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-1462704**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CARIBBEAN PROPERTY MANAGEMENT**  
**12301 SW 132 COURT, SUITE 102**  
**MIAMI, FL 33186**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **TD**  Delete  
 NAME **MORA, ALEX**  
 STREET ADDRESS **900 SW 84 AVE**  
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **TD**  Change  Addition  
 NAME **BLANCA, GEORGINA**  
 STREET ADDRESS **900 SW 84 AVE APT 316**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VPD**  Delete  
 NAME **RODRIGUEZ, LUIS**  
 STREET ADDRESS **900 SW 84 AVE APT 401**  
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **VPD**  Change  Addition  
 NAME **RODRIGUEZ, LUIS**  
 STREET ADDRESS **900 SW 84 AVE APT 401**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D**  Delete  
 NAME **MARCAMES, FERNANDO**  
 STREET ADDRESS **900 SW 84 AVE**  
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **D**  Change  Addition  
 NAME **OLIVERA, JAVIER**  
 STREET ADDRESS **900 SW 84 AVE APT 315**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PD**  Delete  
 NAME **ALMEDIA, JULIO**  
 STREET ADDRESS **900 SW 8TH AVE APT 312**  
 CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **PD**  Change  Addition  
 NAME **DIAZ, ADNER**  
 STREET ADDRESS **900 SW 84 AVE APT 301**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Change  Addition  
 NAME **MARCANE, FERNANDO**  
 STREET ADDRESS **900 SW 84 AVE APT 315**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: \_\_\_\_\_ Date **3/17/06** Daytime Phone # **(305) 251-3868**