

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725749

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

% PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155 US

## Current Mailing Address:

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

## New Mailing Address:

% PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155 US

FEI Number: 59-1462704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUBIN, JONATHAN R PA  
9360 SUNSET DRIVE  
SUITE 220  
MIAMI, FL 33173 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: V ( ) Delete  
Name: MENENDEZ, AUGUSTO  
Address: 900 SW 84TH AVE #511  
City-St-Zip: MIAMI, FL 33144

Title: T ( ) Delete  
Name: RODRIQUEZ, LUIS  
Address: 900 SW 84 AVE APT 401  
City-St-Zip: MIAMI, FL 33144

Title: S ( ) Delete  
Name: GONZALEZ, ROLANDO  
Address: 900 SW 84 AVE. #515  
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Delete  
Name: VALERA, RUBEN  
Address: 900 SW 84TH AVE #512  
City-St-Zip: MIAMI, FL 33144

Title: P ( ) Delete  
Name: DIAZ, ADNER  
Address: 900 SW 84TH #301  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ADNER DIAZ

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date