

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02000008760

**Entity Name:** MARBELLA AT SPANISH WELLS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jun 28, 2016**  
**Secretary of State**  
**CC6971714109**

**Current Principal Place of Business:**

CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
4670 CARDINAL WAY SUITE 302  
NAPLES, FL 34112

**Current Mailing Address:**

CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
4670 CARDINAL WAY SUITE 302  
NAPLES, FL 34112 US

**FEI Number: 04-2755418**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
4670 CARDINAL WAY SUITE 302  
NAPLES, FL 34112 US

*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: STEWART CARTER**

**06/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SPOTZ, LINDA  
Address        CARDINAL MANAGEMENT GROUP OF  
                  FLORIDA, INC.  
                  4670 CARDINAL WAY SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            VP, SECRETARY  
Name            PINO, SANTO  
Address        CARDINAL MANAGEMENT GROUP OF  
                  FLORIDA, INC.  
                  4670 CARDINAL WAY SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            T  
Name            HINES, WALTER  
Address        CARDINAL MANAGEMENT GROUP OF  
                  FLORIDA, INC.  
                  4670 CARDINAL WAY SUITE 302  
City-State-Zip: NAPLES FL 34112

Title            DIRECTOR  
Name            MAURIELLO, TONY  
Address        CARDINAL MANAGEMENT GROUP OF  
                  FLORIDA, INC.  
                  4670 CARDINAL WAY SUITE 302  
City-State-Zip: NAPLES FL 34112

*I hereby 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 all other like empowered.*

**SIGNATURE: LINDA SPOTZ**

**PRESIDENT**

**06/28/2016**

