## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001802

ASSOCIATION, INC.

Entity Name: MARBELLA AT SPANISH WELLS I CONDOMINIUM

## **Current Principal Place of Business:**

C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400 NAPLES, FL 34103

## **Current Mailing Address:**

C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400 NAPLES, FL 34103 US

FEI Number: 56-2432721 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THE COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400 NAPLES, FL 34103 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

**PRESIDENT** VΡ Title Title

BARRICK, SHIRLEY PINO, SANTO Name Name

Address C/O COMPASS MANAGEMENT Address C/O COMPASS MANAGEMENT

**GROUP GROUP** 

4851 TAMIAMI TRAIL N STE 400 4851 TAMIAMI TRAIL N STE 400

NAPLES FL 34103 NAPLES FL 34103 City-State-Zip: City-State-Zip:

Title Title **TREASURER** 

LACLAIR, CAROL KUDLA, KEN Name Name

C/O COMPASS MANAGEMENT C/O COMPASS MANAGEMENT Address Address

**GROUP GROUP** 

4851 TAMIAMI TRAIL N STE 400 4851 TAMIAMI TRAIL N STE 400

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title D

Name HIGGINS, JAMES

Address C/O COMPASS MANAGEMENT

**GROUP** 

4851 TAMIAMI TRAIL N STE 400

NAPLES FL 34103 City-State-Zip:

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: SHIRLEY BARRICK Ρ 04/30/2014

**FILED** Apr 30, 2014

**Secretary of State** 

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