Entity Name: MARBELLA AT SPANISH WELLS III CONDOMINIUM ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# N0500005273

Current Mailing Address:

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

FEI Number: 20-4607502

Name and Address of Current Registered Agent:

THE COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH 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:

Electronic Signature of Registered Agent

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ctor Detail :		
PRESIDENT	Title	DIRECTOR
BARRICK, SHIRLEY	Name	HIGGINS, JAMES
C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400	Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400
NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
VP	Title	TREASURER
PINTO, SANTO	Name	KUDLA, KEN
C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400	Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400
NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
S		
LACLAIR, CAROL		
C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400		
	PRESIDENT BARRICK, SHIRLEY C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400 NAPLES FL 34103 VP PINTO, SANTO C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400 NAPLES FL 34103 S LACLAIR, CAROL C/O COMPASS MANAGEMENT GROUP	PRESIDENTTitleBARRICK, SHIRLEYNameC/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400AddressNAPLES FL 34103City-State-Zip:VPTitlePINTO, SANTONameC/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL NORTH STE 400AddressNAPLES FL 34103City-State-Zip:S LACLAIR, CAROLCity-State-Zip:C/O COMPASS MANAGEMENT GROUPCity-State-Zip:

City-State-Zip: NAPLES FL 34103

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.

Ρ

SIGNATURE: SHIRLEY BARRICK

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date