## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22859

Entity Name: MARBELLA CONDOMINIUM ASSOCIATION II, INC.

FILED
Jan 16, 2015
Secretary of State
CC3135488077

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

9341 COLLINS AVENUE SURFSIDE, FL 33154

## **Current Mailing Address:**

9341 COLLINS AVENUE SURFSIDE. FL 33154 US

FEI Number: 65-0131797 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COHEN, LOUIS 9341 COLLINS AVENUE #1008 SURFSIDE, FL 33154 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

Date

Officer/Director Detail:

Title DIRECTOR Title VP

Name COHEN, LOUIS Name LADAGA, LEOPOLDO DR.

Address 9341 COLLINS AVENUE #1008 Address 9341 COLLINS AVENUE #308

City-State-Zip: SURFSIDE FL 33154

City-State-Zip: SURFSIDE FL 33154

Title T

Name SOMOZA , EVARISTO Name OLCHYK, MARTA

Address 9341 COLLINS AVENUE
# 708 Address 9341 COLLINS AVENUE #508

# 708 Address 9341 COLLINS AVENUE

Title

**DIRECTOR** 

City-State-Zip: SURFSIDE FL 33154 City-State-Zip: SURFSIDE FL 33154

Title PRESIDENT Title DIRECTOR

Name FERNANDEZ, MIGUEL DR. Name LEPOUTER, CINDY MRS

Address 9341 COLLINS AVENUE Address 9341 COLLINS AVENUE #807 #908

SURFSIDE FL 33154 City-State-Zip: SURFSIDE FL 33154

Title SECRETARY

Name SCHNEIDER , BLUMA

Address 9341 COLLINS AVENUE # 407

# 40

City-State-Zip:

City-State-Zip: SURFSIDE FL 33154

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: MR. LOUIS COHEN DIRECTOR 01/16/2015

Electronic Signature of Signing Officer/Director Detail

Date