

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004464

**Entity Name:** THE MARBELLA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 02, 2021**  
**Secretary of State**  
**5863937333CC**

**Current Principal Place of Business:**

7425 PELICAN BAY BLVD.  
NAPLES, FL 34108

**Current Mailing Address:**

7425 PELICAN BAY BLVD.  
#102  
NAPLES, FL 34108 US

**FEI Number: 59-3407400**

**Certificate of Status Desired: Yes**

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

ADAMCZYK, STEVEN J  
6609 WILLOW PARK DR.  
NAPLES, FL 34109 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: STEVEN ADAMCZYK**

**04/02/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MURPHY, ANDREW  
Address        7425 PELICAN BAY BLVD  
City-State-Zip: NAPLES FL 34108

Title           VP, DIRECTOR  
Name           VIVIANO, JOE  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

Title           PRESIDENT, DIRECTOR  
Name           DUNLAP, STEVE  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

Title           VP, DIRECTOR  
Name           LOWENKRON, MARIANNE  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

Title           DIRECTOR  
Name           SCOTT, BILL  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

Title           SECRETARY, DIRECTOR  
Name           HOLTZ, MARY ANN  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

Title           DIRECTOR  
Name           HEADLEY, FRANK  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

Title           DIRECTOR  
Name           SHAPIRO, DON  
Address        7425 PELICAN BAY BLVD.  
City-State-Zip: NAPLES FL 34108

*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: STEVE DUNLAP**

**PRESIDENT**

**04/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date