2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 739918

1. Entity Name
MAR VISTA CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1000 E CAMINO REAL # 2B BOCA RATON, FL 33432 US	4933 SW ABERDEEN CIR PALM CITY, FL 34990 US

01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1073979
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PACELLI, JOSEPH G JR
1000 E CAMINO REAL
BOCA RATON, FL 33432

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000783847
01/16/08-80031-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PACELLI, JOE
STREET ADDRESS	1000 E CAMINO REAL #2B
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	SD
NAME	PACELLI, DIANE
STREET ADDRESS	1000 E. CAMINO REAL #2B
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	MCGONIGLE, CAROLYN
STREET ADDRESS	1000 E. CAMINO RD 2A
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-6-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #