

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 752156

1. Entity Name
FLORENTINE VILLAS CONDOMINIUM, INC.



Principal Place of Business
**1020 SWALLOW AVENUE
 MARCO ISLAND, FL 33937-3238**

Mailing Address
**1020 SWALLOW AVENUE
 MARCO ISLAND, FL 33937-3238**



02052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2780857** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONWAY, DOROTHY J
 1020 SWALLOW AVENUE 301
 MARCO ISLAND, FL 34145**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: PD
 NAME: DZIEJMA, RAYMOND
 STREET ADDRESS: 1020 SWALLOW AVENUE
 CITY-ST-ZIP: MARCO ISLAND, FL

TITLE: TD
 NAME: CONWAY, DOROTHY
 STREET ADDRESS: 1020 SWALLOW AVENUE
 CITY-ST-ZIP: MARCO ISLAND, FL

TITLE: SD
 NAME: RUHL, DON
 STREET ADDRESS: 1020 SWALLOW AVE
 CITY-ST-ZIP: MARCO ISLAND, FL

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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 07/14/05-80003-002 61.25

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-05 410-879-3760

Date

Daytime Phone #