


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90007 009 ****61.25

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
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2780857	Applied For Not Applicable
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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

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	<i>FIONSKI, MARY</i>
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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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: DOROTHY CONWAY TREASURER 2-4-08 410-879-3760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #