

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 13, 2009  
Secretary of State**

DOCUMENT# 752156

Entity Name: FLORENTINE VILLAS CONDOMINIUM, INC.

**Current Principal Place of Business:**

1020 SWALLOW AVENUE  
MARCO ISLAND, FL 339373238

**New Principal Place of Business:**

**Current Mailing Address:**

1020 SWALLOW AVENUE  
MARCO ISLAND, FL 339373238

**New Mailing Address:**

FEI Number: 59-2780857      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: IWINSKI, MARYANN  
Address: 1020 SWALLOW AVENUE  
City-St-Zip: MARCO ISLAND, FL

Title: TD ( ) Delete  
Name: CONWAY, DOROTHY  
Address: 1020 SWALLOW AVENUE  
City-St-Zip: MARCO ISLAND, FL

Title: SD ( ) Delete  
Name: RUHL, DON  
Address: 1020 SWALLOW AVE  
City-St-Zip: MARCO ISLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY J. CONWAY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

05/13/2009

\_\_\_\_\_  
Date