

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90226 018 ****61.25

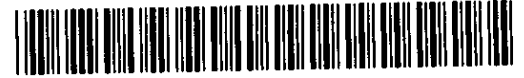
DOCUMENT # 752156

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2780857**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	DZIEJMA, RAYMOND	
STREET ADDRESS	1020 SWALLOW AVENUE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONWAY, DOROTHY	
STREET ADDRESS	1020 SWALLOW AVENUE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUHL, DON	
STREET ADDRESS	1020 SWALLOW AVE	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers or directors.

SIGNATURE: **DOROTHY J. CONWAY** **2-11-03** **239-642-4722**
SIGNATURE OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)