2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90288 023 ****61.25

DOCUMENT # N02000009398

1. Entity Name
MONDOVI BAY VILLAS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
942 N COLLIER BLVD MARCO ISLAND, FL 34145	942 N COLLIER BLVD MARCO ISLAND, FL 34145

03232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
PO Box 3807758	PO Box 3807758
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Murdock Fl	City & State: Murdock, Fl
Zip: 33938 Country: US	Zip: 33938 Country: US

4. FEI Number 16-1655440 ☐ Applied For ☐ Not Applicable

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
WISEMAN, TAMELA EADY 350 FIFTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102	Name: Wishard, Kristine Street Address (P.O. Box Number is Not Acceptable): 23081 Harborview Rd City: Port Charlotte FL Zip Code: 33980

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: Kristine Wishard — DATE: 3/23/04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST BOFF, JOSEPH D 942 N COLLIER BLVD MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OYER, STEVEN D 942 N COLLIER BLVD MARCO ISLAND, FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANLEY, JACK F 2660 AIRPORT ROAD SOUTH NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: [signature] JOSEPH D. BOFF 4/2/04 239-394-9107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #