2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State 04-17-2008 90016 030 ****61.25

1. Entity Nam	MENT # N19977 FILLA CONDOMINIUM AS	SOCIATION, INC.				
Principal Place of Business Mailing Address C/O BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US				40069559		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		02192008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number Applied For 59-2788073 Not Applied For	ole	
Žip 	Country	Zlp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New Registered Agent		
GREUSEL, JAMIE B 1104 N. COLLIER BLVD. MARCO, ISLAND, FL, FL 34145			Street Ad	acress (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code	_	
the obligat	ions of registered agent. Signature, typed or printed name of registered agen	it and title if applicable (NO	JTE Pegistered Agent Egnatur	ure required when reinstating) DATE	2000	
	Filing Fee is \$61.25 Due by May 1, 2008		ampaign Financing Contribution.	\$5.00 May Be Make check payable to Florida Department of State		
10.	OFFICERS AND D		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME STREET ADDRESS CITY-ST-ZIP	FAUBION, PEGGY 1729 NANTUCKET DR					
	CICERO, IN 46034	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion	
TITLE NAME STREET ADDRESS	CICERO, IN 46034 TDSD MCGUIRE, JIM 50 GREENWOOD DR	L) Delate	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Additi Wertz, David 19361 Oakwood DR	_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CICERO, IN 46034 TDSD MCGUIRE, JIM 50 GREENWOOD DR TURNERSVILLE, NJ VD ROWLEY, DENNIS SR 2341 SO 18TH AVE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	☐ Change ☐ Additi	ion	
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12. I hereby certify that the information supplied with this filling 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 AND TOPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

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