

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90019 037 \*\*\*\*61.25

**DOCUMENT # N97000004217**

1. Entity Name  
**BOLLETTIERI RESORT VILLAS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**4301 32ND ST WEST  
STE A-20  
BRADENTON, FL 34205**

Mailing Address

**4301 32ND ST WEST  
STE A-20  
BRADENTON, FL 34205**



01232008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0777863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C&S CONDOMINIUM MGMT  
4301 32ND ST WEST STE A-20  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	COLIN, PATRICE
STREET ADDRESS	3405 54TH DR W. #101
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	VPS
NAME	BAERWALDT, MAXINE
STREET ADDRESS	3405 54TH DR W. #103
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Maxine Baerwaldt* Maxine Baerwaldt

Date

*1/29/08*

Daytime Phone #