I hereby 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 all other like empowered.

PRES

Address 815 BALD EAGLE DR. #201 City-State-Zip: MARCO ISLAND FL 34145 TREASURER Name BRILLANTES, JOHN Address 815 BALD EAGLE DR. #201 City-State-Zip: MARCO ISLAND FL 34145

BOONE, CHARLES

Title

Title

Т

Name

PD

SIGNATURE: CHARLES BOONE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of I						
SIGNATURE:	ROBERT ROSENOW					
	Electronic Signature of Registered Agent					
Officer/Director Detail :						

Florida

Title

Name

Address

City-State-Zip:

Current Mailing Address:	
815 BALD EAGLE DR. #201	

# Entity Name: FLORENTINE VILLAS CONDOMINIUM, INC.

#### **Current Principal Place of Business:**

1020 SWALLOW AVENUE MARCO ISLAND, FL 34145

MARCO ISLAND, FL 34145 US

#### FEI Number: 59-2780857

### Name and Address of Current Registered Agent:

RESORT MANAGEMENT 815 BALD EAGLE DR 201 MARCO ISLAND, FL 34145 US

FILED Mar 26, 2021 Secretary of State 8005450507CC

> 03/26/2021 Date

Certificate of Status Desired: No

VP, SECRETARY

QUINLAN, JOHN W

815 BALD EAGLE DR. #201 MARCO ISLAND FL 34145

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT# 752156**