2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 20, 2008 8:00 am
Secretary of State
02-07-2008 90024 001 ****61.25

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1. Entity Name
VILLA DOS PALMAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
771 ST. JUDES DR. NORTH LONGBOAT KEY, FL 34228 US	4 WOODSIDE DR SHREWSBURY, MA 01545 US

66004487

01282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3059084
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGINNIS, JOHN A JR
771 ST JUDES DRIVE NORTH
LONGBOAT KEY, FL 34228

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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)

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	P
NAME	QUINN, JAMES
STREET ADDRESS	774 SAINT JUDES DR, NORTH
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VP
NAME	CETWINSKI, DAVID
STREET ADDRESS	3720 MAYLE
CITY-ST-ZIP	BROOKFIELD, IL 60513
TITLE	T
NAME	MCGINNIS, JOHN
STREET ADDRESS	4 WOODSIDE DRIVE
CITY-ST-ZIP	SHREWSBURY, MA 01545
TITLE	S
NAME	MCGINNIS, GAYLE
STREET ADDRESS	4 WOODSIDE DRIVE
CITY-ST-ZIP	SHREWSBURY, MA 01545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John A McG 3/17/08 (508) 410-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #