


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 739676

1. Entity Name
 VILLA GRANDE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1106 SE 46TH ST. APT. 103 CAPE CORAL, FL 33904 US	Mailing Address 1106 SE 46TH ST. APT. 103 CAPE CORAL, FL 33904 US
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04082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2041053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DALY, DAN
 1106 SE 46TH ST.
 APT. 103
 CAPE CORAL, FL 33904

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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 NAME STREET ADDRESS CITY-ST-ZIP	P DALY, DAN 1106 SE 46 STR #103 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DALY, KATHERINE 1106 SE 46 STR #103 CAPE CORAL, FL 33904
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 04/22/08-80017-004 61.25

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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:  **4-7-08-239-5491639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #