


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90016 035 ****61.25

DOCUMENT # 740743					
1. Entity Name VILLA DEL MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4450 ESTERO BLVD FT MYERS BCH, FL 33931 US			Mailing Address C/O BENSON'S INC 12650 WHITEHALL DRIVE FT MYERS, FL 33907 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1878154	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENSON, MARK R 12650 WHITEHALL DRIVE FT MYERS, FL 33907				Name <u>VANDALL, BONITA D</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>12650 WHITEHALL DR</u>	
				City <u>FORT MYERS</u> FL Zip Code <u>33907</u>	
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 <u>B. D. V. D.</u> <u>BONITA D. VANDALL</u> <u>3-15-07</u> 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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTMAYER, JANICE M		NAME		
STREET ADDRESS	4450 ESTERO BLVD #301		STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS BEACH, FL 33931		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINI, MICHAEL		NAME		
STREET ADDRESS	4450 ESTERO BLVD #202		STREET ADDRESS		
CITY - ST - ZIP	FT MYERS BEACH, FL 33931		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REID, MARYSIA		NAME	<u>VD Laguiere, Tom</u>	
STREET ADDRESS	4450 ESTERO BLVD #403		STREET ADDRESS	<u>4450 Estero Blvd #501</u>	
CITY - ST - ZIP	FORT MYERS BEACH, FL 33931		CITY - ST - ZIP	<u>Fort Myers Beach, FL 33931</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>MICHAEL MARINI</u> <u>3-15-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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