2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM

Daytime Phone #

DOCUMENT # 744738 1. Entity Name FLORENTINE GARDENS CONDOMINIUM, INC.								Se	ecretai	y of	State
Principal Place of Business 1011 SWALLOW AVENUE #508 MARCO ISLAND, FL 33937				Mailing Address TO11 SWALLOW AVENUE BOX 508 MARCO ISLAND, FL 33937 US			t immier ekung	BIDII BIKII 2000 211KI I	ince midia nimie servi	Vivil bible bet	tilmi 86 lvel
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03302005	Chg-NP	CR2E037	(10/03)	
City & State			City & State				4. FEI Number 59-1961				plied For Applicable
Z ip	Country		Zip		Col	intry		of Status Desired	F,	8.75 Addee Require	litional d
		and Address of Current I	Registere	ed Agent		Name	7. Name and	Address of New	Registered Ag	ent	
GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145						Street Addres	s (P.O. Box Numbe	r is Not Acceptab	ole)	- <u>-</u>	
ı			City			FL	Zip Code	3			
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											
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2005 Trust Fund Co							\$5.00 May Be Added to Fees		Make check p orlda Departn		
10. OFFICERS AND DIR							ADDITIONS/CHA	NGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, R 1011 SWA	AYMOND ALLOW AVENUE, #206 SLAND, FL						110000 04/15/05	0307677`	⊒ Change)06	□ Addition . 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1011 SWA	NICHOLAS ALLOW AVE., #108 SLAND, FL	-	Delete .		J] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISSEN, I 934 SHIL	VAN	==; -	Delete					Ţ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	l	MES ALLOW AVE #308 SLAND, FL 34145		☐ Delate				·	C] Change	Addilian
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLEMAN, 6449 SON ROCKFOR	= 1 1 1 1		☐ Delete					3	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	-		□ Delete		1	-] Change	Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da											