

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90044 013 ****61.25

DOCUMENT # 744738	
1. Entity Name FLORENTINE GARDENS CONDOMINIUM, INC.	



Principal Place of Business 1011 SWALLOW AVENUE #508 MARCO ISLAND, FL 33937	Mailing Address 1011 SWALLOW AVENUE BOX 508 MARCO ISLAND, FL 33937 US
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40058601



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

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1961705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (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. ☐

\$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 <input checked="" type="checkbox"/> VD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ALLEN, RAYMOND		NAME	
STREET ADDRESS 1011 SWALLOW AVENUE, #206		STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND, FL		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> TD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HUMLAK, NICHOLAS		NAME	
STREET ADDRESS 1011 SWALLOW AVE., #108		STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND, FL		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> PD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BISSEN, IVAN		NAME	
STREET ADDRESS 934 SHILOH ROAD		STREET ADDRESS	
CITY-ST-ZIP STURGEON BAY, WI		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WEBB, JAMES		NAME	
STREET ADDRESS 1011 SWALLOW AVE #308		STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND, FL 34145		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> SD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KREJCI, LAWRENCE JR		NAME	
STREET ADDRESS 2170 SOUTH DORCHESTER DR., P.O. BOX 430		STREET ADDRESS	
CITY-ST-ZIP LAKESIDE MARBLEHEAD, OH 43440		CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<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: Nicholas Humlak Nicholas Humlak 4/9/07 239-642-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #