

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90110 018 \*\*\*\*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**



04012008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1961705**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREUSEL, JAMIE B  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 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  
**VD  
ALLEN, RAYMOND  
1011 SWALLOW AVENUE, #206  
MARCO ISLAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
HUMLAK, NICHOLAS  
1011 SWALLOW AVE., #108  
MARCO ISLAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
BISSON, IVAN  
934 SHILOH ROAD  
STURGEON BAY, WI**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WEBB, JAMES  
1011 SWALLOW AVE #308  
MARCO ISLAND, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
KREJCI, LAWRENCE JR  
2170 SOUTH DORCHESTER DR., P.O. BOX 430  
LAKESIDE MARBLEHEAD, OH 43440**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/08**

Date

Daytime Phone #