


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90110 024 ****61.25

DOCUMENT # 745673 1. Entity Name THE FRENCH VILLAGE OF MARCO CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 411 S. COLLIER BLVD. P.O. BOX 1058 MARCO ISLAND, FL 33969			Mailing Address 411 S. COLLIER BLVD. P.O. BOX 1058 MARCO ISLAND, FL 33969		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRUESEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND, FL 34145				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD	<input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKLEY, BONNIE		NAME	Kirkley, Bonnie	
STREET ADDRESS	411 S COLLIER BLVD., #208		STREET ADDRESS	411 S. Collier Blvd #208	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOVONI, EDWARD		NAME	Govoni, Edward	
STREET ADDRESS	411 S COLLIER BLVD., #303		STREET ADDRESS	43 James Circle	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Mashpee, MA 02649	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, TOM		NAME	Walton, Tom	
STREET ADDRESS	411 S COLLIER BLVD., #202		STREET ADDRESS	1143 Whiteheart Ct.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SORICH, STEPHEN		NAME		
STREET ADDRESS	411 S COLLIER BLVD., #102		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELMONTE, BEN		NAME		
STREET ADDRESS	899 WEMBLY CT.		STREET ADDRESS		
CITY-ST-ZIP	ELGIN, IL 60120		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:  EDWARD M. GOVONI 4/10/08 642-7866					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					