2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 745673

Entity Name: THE FRENCH VILLAGE OF MARCO CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

411 S. COLLIER BLVD.
MARCO ISLAND, FL 33969

New Principal Place of Business:

411 S. COLLIER BLVD.
MARCO ISLAND, FL 34145

Current Mailing Address:

411 S. COLLIER BLVD.
MARCO ISLAND, FL 33969

New Mailing Address:

834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

FEI Number: 59-2187047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUESEL, JAMIE
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: KIRLEY, BONNIE
Address: 4115 S. COLLIER BLV #208
City-St-Zip: MARCO ISLAND, FL 34145

Title: PD ( ) Delete
Name: GOVONI, EDWARD
Address: 43 JAMES CIRCLE
City-St-Zip: MASHPEE, MA 02649

Title: VD ( ) Delete
Name: WALTON, TOM
Address: 1143 WHITEHEART CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD ( ) Delete
Name: SORICH, STEPHEN
Address: 411 S COLLIER BLVD., #102
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: BELMONTE, BEN
Address: 899 WEMBLY CT.
City-St-Zip: ELGIN, IL 60120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: KIRLEY, BONNIE
Address: 4115 S. COLLIER BLVD#208
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: SORICH, STEPHEN
Address: 13720 LEGEND TRAIL LANE
City-St-Zip: ORLAND PARK, IL 60462

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD GOVINI P 03/02/2009

Electronic Signature of Signing Officer or Director — Date