


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90026 031 \*\*\*\*61.25

<b>DOCUMENT # 747718</b> 1. Entity Name <b>VENDOME CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1404 MIRAMAR ST. SUITE 102 CAPE CORAL, FL 33904 US</b>			Mailing Address <b>1404 MIRAMAR ST. SUITE 102 CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1404 MIRAMAR ST.</b>		3. Mailing Address <b>3644 Tomlinson St.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Cape Coral FL</b>		City & State <b>Bonita Springs FL</b>		4. FEI Number <b>59-2162533</b>	
Zip <b>33904</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33904</b>		Zip <b>34134</b>		Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01242008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>JOHNSON, THEODORE B 1404 MIRAMAR ST SUITE 102 CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name <b>Patricia Kelly</b> Street Address (P.O. Box Number is Not Acceptable) <b>3644 Tomlinson St.</b> City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34134</b>	
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 <b>P. Kelly</b> <b>P. Kelly</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>01-26-08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>GAGNE, SAM</b> <input type="checkbox"/> Delete <b>1404 MIRAMAR ST. #200</b> <b>CAPE CORAL, FL 33904</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ORNDahl, Evert</b> <input type="checkbox"/> Delete <b>1404 MIRAMAR ST. #108</b> <b>CAPE CORAL, FL 33904</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DALE, RAYMOND</b> <input type="checkbox"/> Delete <b>1404 MIRAMAR ST #210</b> <b>CAPE CORAL, FL 33904</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JOHNSON, THEODORE B</b> <input checked="" type="checkbox"/> Delete <b>1404 MIRAMAR ST. #102</b> <b>CAPE CORAL, FL 33904</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KELLY, PAT</b> <input type="checkbox"/> Delete <b>3644 TOMLINSON ST</b> <b>BONITA SPRINGS, FL 34134</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PRIGGE, JUDITH</b> <input type="checkbox"/> Delete <b>1404 MIRAMAR ST #106</b> <b>CAPE CORAL, FL 33904</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <b>P. Kelly</b> <b>P. Kelly</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>01-26-08</b> <b>(239) 642-3481</b> <small>Date Daytime Phone #</small>	