


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90022 042 ****61.25

| | |
|---|---|
| DOCUMENT # 752156 1. Entity Name FLORENTINE VILLAS CONDOMINIUM, INC. |  |
|---|---|

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|---|---|
| Principal Place of Business 1020 SWALLOW AVENUE MARCO ISLAND, FL 33937-3238 | Mailing Address 1020 SWALLOW AVENUE MARCO ISLAND, FL 33937-3238 |
|---|---|

DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2780857 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |


6. Name and Address of Current Registered Agent

CONWAY, DOROTHY J
1020 SWALLOW AVENUE 301
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 _____

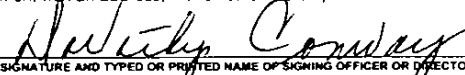
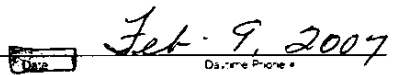
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|---|---|--|
|  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------|
| TITLE | PD |
| NAME | MARY TWINSKI |
| STREET ADDRESS | 1020 SWALLOW AVE |
| CITY - ST - ZIP | MARCO ISLAND, FL |
| TITLE | TD |
| NAME | CONWAY, DOROTHY |
| STREET ADDRESS | 1020 SWALLOW AVENUE |
| CITY - ST - ZIP | MARCO ISLAND, FL |
| TITLE | SD |
| NAME | RUHL, DON |
| STREET ADDRESS | 1020 SWALLOW AVE |
| CITY - ST - ZIP | MARCO ISLAND, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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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.

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|---|---|
| SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |  DATE |
|---|---|