


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

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90007 009 \*\*\*\*61.25

<b>DOCUMENT # 752156</b> 1. Entity Name FLORENTINE VILLAS CONDOMINIUM, INC.	
---	---

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**



02042008 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 \_\_\_\_\_

<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</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Twinski, Mary Ann</i> FIONSKI, MARY 1020 SWALLOW AVENUE MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, DOROTHY 1020 SWALLOW AVENUE MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUHL, DON 1020 SWALLOW AVE MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:** *DOROTHY CONWAY* *TREASURER* *2-4-08* *410-879-3760*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #