

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 045 ****61.25

DOCUMENT # 765846

1. Entity Name
VILLAS ON GOLDEN BEACH, INC.



Principal Place of Business
C/O FRANK EBETINO
800 GOLDEN BEACH BLVD. SOUTH
VENICE, FL 34285-3326

Mailing Address
C/O STEWART BUSINESS SERV
1224 RIDGEWOOD AVE
VENICE, FL 34292 US

90000100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

800 Golden Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

City & State

City & State
Venice FL

4. FEI Number
59-2376237

Applied For
Not Applicable

Zip

Country

Zip

Country

34285

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWARTS
ATT: SANDRA R MACINTYRE
1224 RIDGEWOOD AVE
VENICE, FL 34292-1939

Na SANDI RAASCH
Str Anne Skinner's Tax & Bkpg
333 Tamiami Trail S, Ste 257
Clt Venice FL 34285
Zip Code

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	D	<input checked="" type="checkbox"/> Delete
NAME	BECKER, ALLEN	
STREET ADDRESS	800 GOLDEN BEACH BLVD	
CITY-STATE-ZIP	VENICE, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KURTZO, LAWRENCE	
STREET ADDRESS	800 GOLDEN BEACH BLVD	
CITY-STATE-ZIP	VENICE, FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EBETINO, FRANK	
STREET ADDRESS	800 GOLDEN BEACH BLVD	
CITY-STATE-ZIP	VENICE, FL 34285	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	WOOD, LEUANNE	
STREET ADDRESS	800 GOLDEN BEACH BLVD.S.	
CITY-STATE-ZIP	VENICE, FL	
TITLE	AST	<input checked="" type="checkbox"/> Delete
NAME	MACINTYRE, SANDRA R	
STREET ADDRESS	1224 RIDGEWOOD AVE	
CITY-STATE-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACKENSTOW, DON	
STREET ADDRESS	800 GOLDEN BEACH BLVD	
CITY-STATE-ZIP	VENICE FL 34285	
TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINHARD, JACK	
STREET ADDRESS	800 GOLDEN BEACH BLVD	
CITY-STATE-ZIP	VENICE FL 34285	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Frank F. Ebetino FRANK F. EBETINO 941-485-7016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #