
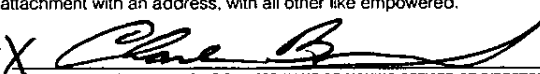


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90044 028 ****61.25

DOCUMENT # 767165 1. Entity Name VIRGINIA ANN.CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US			Mailing Address CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRIFKA, BEVERLY CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, JADINE 905 SW 48 TER #104 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHARLES BRAINARD 905 SW 48TH TERRACE #104 CAPE CORAL FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAKA, LENORE 839 SW 48 TER. #204 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, JACKIE 905 S.W. 48 TER. #105 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JUNE DREW 839 SW 48 TERRACE #107 CAPE CORAL FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRAKA, LENORE 839 SW 48 TER. #204 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUEQRATO, CARMEN 56 SPYGLASS DRIVE JACKSON, NJ 08527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JACKIE WOOD 905 SW 48TH TERRACE #204 CAPE CORAL FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, LOUISE 839 SW 48 TER. #204 CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR VINCE PATI 914 SE 23RD STREET CAPE CORAL FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

50032325



03172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2351702

Applied For
Not Applicable

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

DRIFKA, BEVERLY
CENTURY 21 SUNBELT REALTY
506 SW 47TH TERRACE
CAPE CORAL, FL 33914

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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Filing Fee is \$61.25
Due by May 1, 2005

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Trust Fund Contribution. ☐

\$5.00 May Be
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____