



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90405 020 \*\*\*\*61.25

<b>DOCUMENT # 768756</b> 1. Entity Name VILLA MANILA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5 N. 17TH AVE #402 JACKSONVILLE BEACH, FL 32250 US				Mailing Address 5 N. 17TH AVE #402 JACKSONVILLE BEACH, FL 32250 US	
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address P.O. Box 330026 Suite, Apt. #, etc.			
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL		4. FEI Number 59-2348892--	
Zip 32233		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SALVADOR, MILDRED 5 N 17TH AVENUE # 402 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name MARVIN S FLOYD REALTY, INC. Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd. #1 City Atlantic Beach FL Zip Code 32233	
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 <u>Sonia M Marvin</u> <u>Sonia M Marvin</u> <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALVADOR, MILDRED 5 N 17TH AVENUE # 402 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALOSILLA, CARLOS 5 N 17TH AVENUE # 701 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARBALLO, MARITZA 5 N. 17TH AVE. #201 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IAONNIDES, NADIA 5 N 17TH AVE STE 501 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZO, DENISE 5 N 17TH AVE STE 301 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Mildred Salvador</u> <u>MILDRED SALVADOR</u> <u>4/25/08</u> <u>854-3661</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					