

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90087 036 \*\*\*150.00

**DOCUMENT # M76623**

1. Entity Name  
**VILLA MARINA, INC.**



Principal Place of Business  
**1723 LAKEWOOD RANCH BLVD  
BRADENTON, FL 34211 US**

Mailing Address  
**500 LILLIAN DRIVE  
MADEIRA BEACH, FL 33708**



**04182008 Chg-P CR2E034 (12/06)**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2888738**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COLANDREA, ANTONIO  
1723 LAKEWOOD RANCH BLVD  
BRADENTON, FL 34211**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME COLANDREA, ANTONIO  
STREET ADDRESS 500 LILLIAN DRIVE  
CITY-ST-ZIP MADEIRA BEACH, FL

TITLE S ☐ Delete  
NAME COLANDREA, S. MARINA  
STREET ADDRESS 500 LILLIAN DRIVE  
CITY-ST-ZIP MADEIRA BEACH, FL

TITLE VP ☐ Delete  
NAME COLANDREA, STEFANO  
STREET ADDRESS 2173 BURNICE DR  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VP ☐ Delete  
NAME COLANDREA, IVANO  
STREET ADDRESS 2173 BURNICE DR  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 607, 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:**

*Antonio Colandrea* President

4/24/08

727 5005726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #