


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90028 028 \*\*\*\*61.25

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N00000006888</b><br>1. Entity Name<br><b>THE VILLAS I AT PINEVIEW ASSOCIATION, INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>12734 KENWOOD LANE<br/>#49<br/>FORT MYERS, FL 33907</b>  |   |   | Mailing Address<br><b>12734 KENWOOD LANE<br/>#49<br/>FORT MYERS, FL 33907</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  |
| 4. FEI Number<br><b>65-1052076</b>   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | <b>\$8.75 Additional Fee Required</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TROPICAL ISLER MANAGEMENT<br/>12734 KENWOOD LANE # 49<br/>FORT MYERS, FL 33907</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><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<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <div style="text-align: right; border: 1px solid black; padding: 2px;"> <b>Make check payable to<br/>Florida Department of State</b> </div>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TS<br>CRAIG, DERREL<br>11183 WINE PALM ROAD<br>FORT MYERS, FL 33912   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <i>DARREL</i><br><br>33966  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SMAT, ROBERT<br>11217 WINE PALM RD<br>FT. MYERS, FL 33912        | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 33966   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>BENKOWSKI, RICHARD<br>11207 WINE PALM RD<br>FT. MYERS, FL 33912 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <i>BINKOWSKI</i><br><br>33966   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   | <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. |   |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |  |