2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/28/2

FILED
Jun 17, 2004 8:00 am
Secretary of State
04-28-2004 90167 043 ****61.25

DOCUMENT # N01000003011

1. Entity Name
VILLAS DI MARINO II CONDOMINIUM ASSOCIATION,,INC.

Principal Place of Business	Mailing Address
C/O CONSTANCE M. BURKE, ESQ. 2660 AIRPORT RD S NAPLES, FL 34112	21 W 420 THORNDALE AVE MEDINAH, IL 60157

DO NOT WRITE IN THIS SPACE

04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY, JOHN F
2660 AIRPORT RD S
NAPLES, FL 34112

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARINO, BRIAN D
STREET ADDRESS	21W420 THORNDALE AVENUE
CITY-ST-ZIP	MEDINAH, IL 60157
TITLE	T
NAME	MARINO, PETER T
STREET ADDRESS	21W420 THORNDALE AVENUE
CITY-ST-ZIP	MEDINAH, IL 60157
TITLE	T
NAME	MARINO, PATRICK T
STREET ADDRESS	21W420 THORNDALE AVENUE
CITY-ST-ZIP	MEDINAH, IL 60157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6-1-04 630-893-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #