


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90288 022 ****61.25

DOCUMENT # N02000006635		
1. Entity Name MONDOVI BAY VILLAS I CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 942 N COLLIER BLVD MARCO ISLAND, FL 34145		Mailing Address 942 N COLLIER BLVD MARCO ISLAND, FL 34145

44027379



2. Principal Place of Business <i>PO Box 380758</i>	3. Mailing Address <i>PO Box 380758</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State <i>Murdoch, FL</i>		City & State <i>Murdoch, FL</i>	
Zip <i>33938</i>	Country <i>US</i>	Zip <i>33938</i>	Country <i>US</i>

4. FEI Number 16-1655385	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WISEMAN, TAMELA EADY 350 FIFTH AVE., S. SUITE 203 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name <i>Wishard, Kristine</i> Street Address (P.O. Box Number is Not Acceptable) <i>23081 Harborview Rd</i> City <i>Port Charlotte</i> FL Zip Code <i>33980</i>	
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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 *Kristine Wishard* DATE *3/23/04*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOFF, JOSEPH D 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <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	D OYER, STEVEN D 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <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	D STANLEY, JACK F 2660 AIRPORT ROAD., S. NAPLES, FL 34112 <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	<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	<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	<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 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: *JOSEPH D. BOFF* DATE *4/2/04* DAYTIME PHONE # *239-394-9107*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR