


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90083 020 ****61.25

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DOCUMENT # N02000006635			
1. Entity Name MONDOVI BAY VILLAS I CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business PO BOX 380758 MURDOCK, FL 33938 US	
Mailing Address PO BOX 380758 MURDOCK, FL 33938 US		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address <i>6025 Taylor Rd</i>	
City & State		Suite, Apt. #, etc. <i>#2</i>	
City & State <i>Punta Gorda</i>		City & State <i>Punta Gorda</i>	
Zip <i>33950</i>		Country <i>USA</i>	
Country <i>USA</i>		4. FEI Number 16-1655385	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 23081 HARBORVIEW RD PORT CHARLOTTE, FL 33980		7. Name and Address of New Registered Agent Name <i>Star Hospitality Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>6025 Taylor Rd</i> <i>#2</i> City <i>Punta Gorda</i> FL Zip Code <i>33950</i>	
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 <i>Sherry Danko</i>		DATE <i>2-2-07</i>	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COBIS, CHARLES 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Aweck 3509 Mondou Ct # 611 Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANGER, JOHN 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Stanwyck 3604 Tripoli Blvd Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Treas. John Hanzek 3500 Mondou Ct # 1011 Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" 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
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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: <i>John Hanzek</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	