

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009398

FILED
Feb 13, 2009
Secretary of State

Entity Name: MONDOVI BAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6025 TAYLOR ROAD
SUITE 2
PUNTA GORDA, FL 33950

New Principal Place of Business:

3500 MONDOVI CT
PUNTA GORDA, FL 33950

Current Mailing Address:

6025 TAYLOR ROAD
SUITE 2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 16-1655440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT
6025 TAYLOR RD.
2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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.

SIGNATURE:

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: HANZEK, JOHN
Address: 3500 MONDOUI CT., 1011
City-St-Zip: PUNTA GORDA, FL 33955

Title: V () Delete
Name: COBIS, CHARLES
Address: 3500 MONDOUI CT., 1022
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: BUCHNER, JOANNE
Address: 3500 MONDOUI CT., 412
City-St-Zip: PUNTA GORDA, FL 33955

Title: P () Delete
Name: AVECK, JAMES
Address: 3500 MONDOUI CT., 611
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: BERNCASA, DANTE
Address: 3500 MONDOUI CT 1022
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES AVECK

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date