

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90288 020 ****61.25

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1. Entity Name
MONDOVI BAY VALLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**842 N COLLIER BLVD
MARCO ISLAND, FL 34145**

Mailing Address
**842 N COLLIER BLVD
MARCO ISLAND, FL 34145**

33061301

2. Principal Place of Business

PO Box 380758
Suite, Apt. #, etc.

3. Mailing Address

PO Box 380758
Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State

Murdoch, FL

City & State

Murdoch, FL

4. FEI Number
16-1655394

Applied For
Not Applicable

Zip Country
33938 US

Zip Country
33938 US

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

6. Name and Address of Current Registered Agent

**WISEMAN, TAMELA E
350 5 AVE S STE 203
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
Wichard, Kristine

Street Address (P.O. Box Number is Not Acceptable)

23081 Harborview Rd

City Zip Code
Port Charlotte FL 33980

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 Wichard**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME BOFF, JOSEPH D
STREET ADDRESS 942 N. COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☐ Delete
NAME OYER, STEVEN D
STREET ADDRESS 942 N. COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☐ Delete
NAME STANLEY, JACK F
STREET ADDRESS 2660 AIRPORT ROAD, S.
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH D. BOFF

4/2/04

Date

239-394-9107

Daytime Phone #