


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90310 035 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N02000009562</b>   |  |
| <b>1. Entity Name</b><br>MONDOVI BAY VALLAS II CONDOMINIUM ASSOCIATION, INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>P.O. BOX 380758<br>MURDOCK, FL 33938 | <b>Mailing Address</b><br>P.O. BOX 380758<br>MURDOCK, FL 33938 |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip Country                           | Zip Country               |

**20039086**



01102005 Chg-NP CR2E037 (10/03)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>16-1655394   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |   |
| <b>6. Name and Address of Current Registered Agent</b><br>WISHARD, KRISTINE<br>23081 HARBORVIEW RD<br>PORT CHARLOTTE, FL 33980 |   |
| <b>7. Name and Address of New Registered Agent</b>   |   |
| Name   |   |
| Street Address (P.O. Box Number is Not Acceptable)   |   |
| City FL Zip Code   |   |

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

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD</b><br>BOFF, JOSEPH D<br>942 N. COLLIER BLVD.<br>MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>OYER, STEVEN D<br>942 N. COLLIER BLVD.<br>MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete    | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>STANLEY, JACK F<br>2660 AIRPORT ROAD, S.<br>NAPLES, FL 34112 <input type="checkbox"/> Delete        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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:** *Kristine Wishard* **4/1/05 941/629-8191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #