


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 003 ****61.25

DOCUMENT # N02000009562		
1. Entity Name MONDOVI BAY VALLAS II CONDOMINIUM ASSOCIATION, INC. <i>VILLAS</i>		

Principal Place of Business P.O. BOX 380758 MURDOCK, FL 33938	Mailing Address P.O. BOX 380758 MURDOCK, FL 33938
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40004104



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number 16-1655394		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WISHARD, KRISTINE 23081 HARBORVIEW RD PORT CHARLOTTE, FL 33980		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
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Filing Fee is \$61.25 Due by May 1, 2006	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 <input type="checkbox"/> Delete 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Buchner, Joanne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 380758 Murdock, FL 33938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OYER, STEVEN D <input checked="" type="checkbox"/> Delete 942 N. COLLIER BLVD. MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sarisky, Teresa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 380758 Murdock FL 33938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANLEY, JACK F <input checked="" type="checkbox"/> Delete 2660 AIRPORT ROAD, S. NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Aveck, James <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3500 Mondovi Ct. #611 Punta Gorda, FL 33950
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 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>Joanne Buchner</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/27/06</i>	Daytime Phone #
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