

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90083 019 ****61.25

DOCUMENT # N02000009562					
1. Entity Name MONDOVI BAY VALLAS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 380758 MURDOCK, FL 33938			Mailing Address P.O. BOX 380758 MURDOCK, FL 33938		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. #2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Punta Gorda, FL		4. FEI Number 16-1655394	
Zip		Country		Zip 33950	
Country		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: Star Hospitality Management Street Address (P.O. Box Number is Not Acceptable): 6025 Taylor Rd Suite, Apt. #, etc. #2 City: Punta Gorda FL Zip Code: 33950		
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: <u>Sherry Danks</u> DATE: <u>2-2-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BOFF, JOSEPH D 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 TROPOLI Blvd Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCHNER, JOANNE POB 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Treas John Hanzek 3500 Mondovi Blvd # 1011 Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARISKY, TERESA POB 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PR AVECK, JAMES 3500 MONDOVI CT 611 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PR AVECK, JAMES 3500 MONDOVI CT 611 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President	<input checked="" 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: <u>[Signature]</u> DATE: _____ DAYTIME PHONE #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					