


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000007674	
1. Entity Name EL SOMBRERO VILLAGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business EL SOMBRERO VILLAGE CONDO 229 ROTONDA BLVD W A-3 ROTONDA WEST, FL 33947	Mailing Address EL SOMBRERO VILLAGE CONDO 66 JACKSON FLAT ROAD HOPE, RI 02831
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04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1721129	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 WALTER, DONNA M 229 ROTONDA BLVD W A-3 ROTONDA WEST, FL 33947

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000311093
05/07/08-80026-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P DEWOLFE, DOROTHY 229 ROTONDA BLVD W A-1 ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP DEWOLFE, JAMES 229 ROTONDA BLVD W A-1 ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T PASQUALETTI, LEONA 66 JACKSON FLAT ROAD HOPE, RI 02831
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE**

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:

James J. DeWolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 *(941) 698-4002*
Date Daytime Phone #