

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-12-2004 90288 021 ****61.25

DOCUMENT # N03000009304		
1. Entity Name MONDOVI BAY VILLAS III CONDOMINIUM ASSOCIATION, INC.		

66422365



Principal Place of Business 942 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145	Mailing Address 942 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145
---	---

2. Principal Place of Business PO Box 380758	3. Mailing Address PO Box 380758
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232004 Chg-NP CR2E037 (10/03)

City & State Murdoch, FL	City & State Murdoch, FL
Zip 33938	Country US
Zip 33938	Country US

4. FEI Number 20-1121714	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent WISEMAN, TMELA EADY 350 FIFTH AVENUE SOUTH SUITE 203 NAPLES, FL 34102	
---	--

7. Name and Address of New Registered Agent	
Name Wishard, Kristine	
Street Address (P.O. Box Number is Not Acceptable) 23081 Harborview Rd	
City Port Charlotte	FL Zip Code 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 Wishard* DATE 3/23/04
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		PSID Boff, Joseph D 942 N. Collier Blvd Marco Island, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		D Oyer, Steven D 942 N. Collier Blvd Marco Island, FL 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		D Stanley, Jack F 2660 Airport Rd. South Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *JOSEPH D. BOFF* DATE 4/2/04 239-394-9107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR