
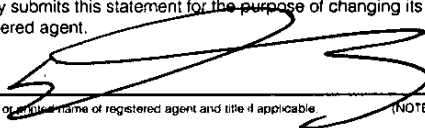


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 017 ****61.25

DOCUMENT # N04000009794					
1. Entity Name MANDOLIN BAY VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15990 MANDOLIN BAY DRIVE FORT MYERS, FL 33908			Mailing Address 15990 MANDOLIN BAY DRIVE FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address <i>Island Mgmt</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 108</i>			
City & State		City & State <i>Sanibel FL</i>			
Zip	Country	Zip <i>33957</i>	Country <i>USA</i>	04102006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-1891728				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 CONSOER, GEORGE L JR., 1625 HENDRY STREET FORT MYERS, FL 33901			7. Name and Address of New Registered Agent		
			Name <i>Steven J. Mackesy</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>711 Tarpon Bay Rd</i>		
			City <i>Sanibel</i> FL Zip Code <i>33957</i>		
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 					
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RANDALL G 15990 MANDOLIN BAY DRIVE FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, ROBERT P 15990 MANDOLIN BAY DRIVE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DEBRA K 15990 MANDOLIN BAY DRIVE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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 employed.					
SIGNATURE: <i>Ramona Bond</i>		Date <i>4-10-06</i>		Daytime Phone # <i>239 472 7782</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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