

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 044 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000000211

1. Entity Name

THE VUE MARINA CONDOMINIUM ASSOCIATION, INC.



40025346

Principal Place of Business
9180 ESTERO PARK COMMONS BLVD.
SUITE 7
ESTERO, FL 33928-3218

Mailing Address
9180 ESTERO PARK COMMONS BLVD.
SUITE 7
ESTERO, FL 33928-3218



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-4202732

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUGGER, JOHN N ESQ
600 FIFTH AVE SOUTH STE 207
NAPLES, FL 34102

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

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

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 D
NAME THROGMARTIN, RONALD
STREET ADDRESS 1591 HAYLEY LANE #103
CITY-ST-ZIP FORT MYERS, FL 33907 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9180 ESTERO PARK COMMONS BLVD #7
CITY-ST-ZIP ESTERO, FL 33928

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald Throgmartin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08 239-949-0299
Date Daytime Phone