


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90175 039 ****61.25

DOCUMENT # N05000003334			
1. Entity Name VILLA SAN MARCO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 100 VILLA CLUB DRIVE ST. AUGUSTINE, FL 32806		Mailing Address 100 VILLA CLUB DRIVE ST. AUGUSTINE, FL 32806	
2. Principal Place of Business		3. Mailing Address 5455 AIA SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST AUGUSTINE, FL	
Zip	Country	Zip 32080	Country ST JOHNS
6. Name and Address of Current Registered Agent MCRAE & STOLZ ST. AUGUSTINE FLA MGR INC. C/O VILLA SAN MARCO CONDOMINIUM 100 VILLA CLUB DRIVE ST. AUGUSTINE, FL 32086		4. FEI Number 20 305 7754	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable	
		Name ANNA M MARKS	
		Street Address (P.O. Box Number is Not Acceptable) MAY MANAGEMENT SERVICES INC 5455 AIA SOUTH	
		City ST AUGUSTINE FL	
		Zip Code 32080	
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>ANNA M MARKS</u>		DATE <u>2/27/06</u>	
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, 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	P STOLZ, IRWIN W III 100 VILLA CLUB DRIVE ST. AUGUSTINE, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES ROSEVEAR 440 S. VILLA SAN MARCO #306 ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCRAE, W. ALAN 100 VILLA CLUB DRIVE ST. AUGUSTINE, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEVE ETLINGER 425 S. VILLA SAN MARCO #305 ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNIGHT, NANCY M 100 VILLA CLUB DRIVE ST. AUGUSTINE, FL 32806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES JANE MCDANIEL 440 S. VILLA SAN MARCO #108 ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LOIS BRIGGS 440 S. VILLA SAN MARCO #202 ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RYAN MARKUS 440 S. VILLA SAN MARCO #202 ST AUGUSTINE FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowered.			
SIGNATURE: <u>[Signature]</u>		Date <u>3-2-06</u> 904824-1836	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	