2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N05000008607 1. Entity Name



FILED Apr 29, 2008 8:00 am Secretary of State

VARENNA CONDOMINIUM ASSOCIATION, INC.					04	-29-2008 90	0076 031	****70.00)
Principal Place of Business CARDINAL MGMT. GROUP, S. FLORIDA INC 5067 TAMIAMI TRAIL E NAPLES, FL 34113 Mailing Address CARDINAL MGMT. GROUP, S. FLORIDA INC 5067 TAMIAMI TRAIL E NAPLES, FL 34113				ORIDA INC	.				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State		4. FEI Number 20-36138	84			plied For t Applicable	
Zip Country 2		Zip	ip Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	it Registered Agent			7. Name and Ad	dress of New R	Registered	Agent	
CARDINA	L MGMT. GROUP			Name					
5067 TAM ATTN: DA			Street Addre	ess (P.O. Box Number is	Not Acceptable	e)			
NAPLES, I	TE 34113 - 2"			City				Zip Codi	Ð
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 ager	nt and little if applicable. (NC	TE: Registere	d Agent signature re	equired when reinstating)		DATE		
	Signature, typed or printed name of registered age: Filling Fee is \$61,25 Due by May 1, 2008	nt and little if applicable. (NC 9. Election Ca Trust Fund	ampaign F	inancing	\$5.00 May Be Added to Fees	1	lake chec	k payable to tment of Si	
10.	Filing Fee is \$61,25 Due by May 1, 2008;	9. Election Ca Trust Fund	ampaign F	inancing ion.	\$5.00 May Be	Flor	lake chec rida Depar	tment of SI	tate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

239-774-0723