
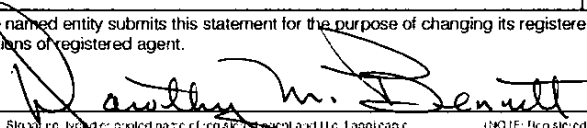
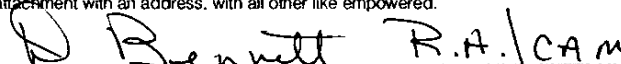


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90445 026 ****61.25

DOCUMENT # N08261 1. Entity Name SAN CRISTOBAL VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1444 SAN CRISTOBAL AVENUE PORT CHARLOTTE, FL 33983				Mailing Address 100 SULLIVAN ST., #112 PUNTA GORDA, FL 33950 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2421 SHREEVE STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 115			
City & State		City & State PUNTA GORDA, FL			
Zip	Country	Zip 33950	Country	4. FEI Number 59-2520178	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, JOAN F 100 SULLIVAN ST., #112 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Dorothy M. BENNETT Street Address (P.O. Box Number is Not Acceptable) 2421 Shreve St Ste 115 City Punta Gorda FL Zip Code 33950		
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  DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title. (Note: Registered Agent signature required when registering.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD GOODWIN, ELLALA J 13370 HUNTINGTON CIR APPLE VALLEY, MN 55124 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OSYPENKO, ILOR 1444 SAN CRISTOBAL AVE, APTA PUNTA GORDA, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEHENEDECTIS, MARK 50 FLEETWOOD AVE MOUNT VERNON, NY 10552 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELMNIAK, ADAM 1444 SAN CRISTOBOL #B PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELMNIAK, ADAM <input checked="" type="checkbox"/> Change <input 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	
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: 			DATE: 4/25/07 TELEPHONE: 941-639-1142		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					