

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

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 050 ****61.25

DOCUMENT # N19524

1. Entity Name
VILLA CALESA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6015 MORROW STREET, EAST
SUITE 107
JACKSONVILLE, FL 32217**

Mailing Address
**6015 MORROW STREET, EAST
SUITE 107
JACKSONVILLE, FL 32217**

DO NOT WRITE IN THIS SPACE

04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2407325

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BANNING MANAGEMENT INC
6015 MORROW STREET EAST, SUITE 107
JACKSONVILLE, FL 32217**

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IN THIS SPACE**

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

R Scott Sullivan

4/30/08

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OFICER, MARIA <i>Mary Marks</i>
STREET ADDRESS	4020 LA VISTA CIRCLE, #205
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	FRISCH, PAT
STREET ADDRESS	4020 LA VISTA CIR #205
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VD
NAME	MOYER, MARY <i>Irinel Ivanovich</i>
STREET ADDRESS	4020 LA VISTA CIR #205
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Mary Marks* PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 *904.730.7071*

Date

Daytime Phone #