2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-23-2008 90021 042 ****61.25
N25799

FILED

08 JUN 18 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25799

1. Entity Name
VIA DELFINO CONDOMINIUM ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
1221 GULF SHORE BLVD. NORTH SUITE 505 NAPLES, FL 34102 US	2335 9TH STREET NORTH, STE. 505 NAPLES, FL 34103

01052008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0130658 ☐ Applied For ☐ Not Applicable

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
GULF VIEW PROPERTY MANAGEMENT, INC. 2335 9TH ST N SUITE 505 NAPLES, FL 34103	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 _____ DATE

Filing Fee is $61.25
Due by May 1, 2008

☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOLFE, ALICE 3704 N CHARLES ST #603 BALTIMORE, MD 21218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	STD ☒ Change ☐ Addition WOLFE, ALICE, 3704 N. CHARLES ST #603, BALTIMORE MD 21218
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEISS, ALLEN 1221 GULFSHORE BLVD NORTH #902 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ☒ Change ☐ Addition WEISS, ALLEN, 1221 GULF SHORE BLVD. N., #902, NAPLES FL 34102
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD GUYETTE, ROBERT 1221 GULFSHORE BLVD NORTH #803 NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD ☒ Change ☐ Addition GUYETTE, ROBERT, 1221 GULF SHORE BLVD N., #803, NAPLES FL 34102
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD STILSON, WILLIAM 7305 STUMP HOLLOW LN CHAGRIN FALLS, OH 44022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD ☒ Change ☐ Addition STILSON, WILLIAM, 7305 STUMP HOLLOW LANE, CHAGRIN FALLS OH 44022
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ☐ Change ☒ Addition MORIARITY, JOHN, 1221 GULF SHORE BLVD N., #203, NAPLES FL 34102
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: William C Stilson 4/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date