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

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # N27397** 04-04-2008 90015 048 ****61.25 VILLA DEL MARE OF MARCO ISLAND CONDOMINIUM, INC. Principal Place of Business Mailing Address PO BOX 2398 PO BOX 2398 MARCO ISLAND, FL 34146 MARCO ISLAND, FL 34146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-NP CR2E037 (12/06) City & State City & State FEI Number 65-0108240 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARBINSKI, DANIEL Street Address (P.O. Box Number is New Coeptable) SOUTH PORT PROPERTY MGMT 1122 N COLLIER BLVD MARCO ISLAND, FL 34145 City MARCO ISLAND 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State **Due by May 1, 2008** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VPD TD. Change Addition TITLE □ Delete TIFLE WHITTINGHAM, ELIZABETH NAME NAME STREET ADDRESS 826 HIGHLAND RD. STREET ADDRESS FRANKFORT, IL 60422 CITY-ST-ZIP CITY-ST-ZIP RECEIVED 9 Change TITLE ☐ Delete TITLE ☐ Addition BRAMEL, MARGARET MAR 1 7 2008 NAME NAME STREET ADDRESS 955 LINWORTH VILLAGE DR STREET ADDRESS COLUMBUS, OH 43235 CITY-ST-ZIP CITY-ST-ZIP FILE MANAGEMENT PD Change TITLE Delete TITLE ■ Addition SCHOONDYER, SHOONOVER, DAVID NAME NAME STREET ADDRESS 139 STARBOARD LANE STREET ADDRESS MONETA, VA 24121 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

FILED

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.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

614-451-3711

Futrell, Angela

From: Hubbard, Brandy

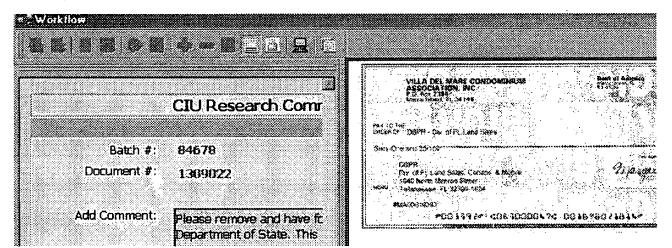
Sent: Monday, March 24, 2008 8:55 AM

To: Williams, Juanita; Futrell, Angela

Cc: Tadlock-Manfro, Kathy; Hicks, Emily; Donaldson, David

Subject: Batch 84678

The following was sent to research. Please remove from any workflow and have document and check forwarded to the department of State for processing. This is for a Not for Profit Annual Report.



20 1 PH 3: 58

the second control of the party of the party of the second control of the second control