

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 048 \*\*\*\*61.25

<b>DOCUMENT # N27397</b> 1. Entity Name VILLA DEL MARE OF MARCO ISLAND CONDOMINIUM, INC.					
Principal Place of Business PO BOX 2398 MARCO ISLAND, FL 34146 US			Mailing Address PO BOX 2398 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0108240	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GARBINSKI, DANIEL SOUTH PORT PROPERTY MGMT 1422 N COLIER BLVD MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 20 MARCO LAKE DR. #9 City <u>Marco Island</u> FL Zip Code <u>34145</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> WHITTINGHAM, ELIZABETH 826 HIGHLAND RD. FRANKFORT, IL 60422	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SB</del> BRAMEL, MARGARET 955 LINWORTH VILLAGE DR COLUMBUS, OH 43235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MAR 17 2008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHOONOVER, DAVID 139 STARBOARD LANE MONETA, VA 24121	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE MANAGEMENT SCHODNOVER,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	RECEIVED MAR 17 2008 FILE MANAGEMENT SCHODNOVER,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <u>Margaret Bramel, Treasurer Villa Del Mare</u> <u>3-14-08</u> <span style="float: right;">614-451-3711</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT  
40058677

Futrell, Angela

#N27397

SO 8  
Landsale

**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.

Workflow	
<p><b>CIU Research Comr</b></p> <p>Batch #: 84678</p> <p>Document #: 1309022</p> <p>Add Comment: Please remove and have it Department of State. This</p>	
<p><b>VILLA DEL MARE CONDOMINIUM ASSOCIATION, INC.</b> P.O. Box 2184 Marco Island, FL 34146</p> <p>Pay TO THE ORDER OF: DOPR - Div. of FL Land Sales</p> <p>Check Number: 25100</p> <p>DOPR Pay OFF: Land Sales, Condos &amp; Mobile 1040 North Monroe Street Tallahassee, FL 32305-1004</p> <p>MEMORANDUM</p> <p>*0013772* 00810000470 00167602184*</p>	

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3/25/2008