2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27397

FILED Feb 19, 2009 Secretary of State

Entity Nar	me: VILLA DEL MA	RE OF MARCO ISLAND	CONDOMINIUM, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 2398 MARCO ISLAND, FL 34146 US			816 W ELKCAM CIRCLE MARCO ISLAND, FL 34145 US		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 2: MARCO IS	398 SLAND, FL 34146	US			
FEI Number:	: 65-0108240 FE	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GARBINSKI, DANIEL 20 MARCO LAKE DR. #9 MARCO ISLAND, FL 34145 US			950 N. COLLIER BLVI SUITE 420	NEW BEGINNINGS PROPERTY MANAGEMENT LLC 950 N. COLLIER BLVD SUITE 420 MARCO ISLAND, FL 34145 US	
The above in the State	named entity subme of Florida.	its this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: TAMMY BENNETTS				02/19/2009	
	Electronic Sig	gnature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD () Delete WHITTINGHAM, ELIZABETH 826 HIGHLAND RD. FRANKFORT, IL 60422		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	e: BRAMEL, MARGARET ess: 955 LINWORTH VILLAGE DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ime: SHOONOVER, DAVID Idress: 139 STARBOARD LANE		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SCHOONER P 02/19/2009