

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27397

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** VILLA DEL MARE OF MARCO ISLAND CONDOMINIUM, INC.

**Current Principal Place of Business:**

267 NO. COLLIER BLVD., STE 201  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

816 W. ELKCAM CIRCLE  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

816 W. ELKCAM CIRCLE  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

P.O. BOX 2398  
MARCO ISLAND, FL 34146 US

**FEI Number:** 65-0108240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIRACLE PROPERTY MANAGEMENT, LLC  
267 NO. COLLIER BLVD., SUITE 201  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KASKOW, WILLIAM  
Address: 403 6TH. AVE.  
City-St-Zip: ORTLEY BEACH, NJ 08751

Title: SD  
Name: HAPKE, MARGIE  
Address: 816 W. ELKCAM CIRCLE #306  
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD  
Name: GUIDARELLI, LOUIS  
Address: 3512 WESTSHIRE  
City-St-Zip: DELAVAN, WI 53115

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM KASKOW

PD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date