


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90051 038 ****61.25

DOCUMENT # N31034					
1. Entity Name BEACH HOMES AT VILLAGES OF VILANO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % WHITLEY 247-F SAN MARCO AVE. ST AUGUSTINE, FL 32084 US			Mailing Address % MAY MANAGEMENT 5455 A1A1 SOUTH SAINT AUGUSTINE, FL 32080 US		
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 59-2934584	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARKS, ANNA C/O MAY MANAGEMENT, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 VP	NAME CINDERSON, SIDNEY		TITLE Cheryl Mysak	NAME 110 Ocean Hollow Ln #219 Saint Augustine FL 32084 Sec/Treas.	
STREET ADDRESS 110 OCEAN HOLLOW LN #100	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		STREET ADDRESS 110 Ocean Hollow Ln #219	CITY-ST-ZIP SAINT AUGUSTINE FL 32084	
TITLE TS	NAME MYETTE, KEVIN		TITLE June M F Ginnis	NAME 110 Ocean Hollow Ln #204 Saint Augustine FL 32080	
STREET ADDRESS 110 OCEAN HOLLOW LN #121	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		STREET ADDRESS 110 Ocean Hollow Ln #204	CITY-ST-ZIP SAINT AUGUSTINE FL 32080	
TITLE D	NAME KULLEY, PAT		(Empty)		
STREET ADDRESS 110 OCEAN HOLLOW LN, # 121	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		(Empty)		
TITLE VP	NAME PECHAR, GARY		(Empty)		
STREET ADDRESS 110 OCEAN HOLLOW LN, # 311	CITY-ST-ZIP SAINT AUGUSTINE, FL 32084		(Empty)		
TITLE P	NAME FRIES, PAUL		(Empty)		
STREET ADDRESS 110 OCEAN HOLLOW LN, # 109	CITY-ST-ZIP SAINT AUGUSTINE FL 32084		(Empty)		
TITLE (Signature)	NAME (Signature)		(Empty)		
STREET ADDRESS (Signature)	CITY-ST-ZIP (Signature)		(Empty)		
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 of the estate 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					