2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N40768

1. Entity Name
THE VILNIS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
291 MERCURY RD #1 JUNO BEACH, FL 33408 US	118 WILLOWBROOK DRIVE AUBURN, NY 13021 US

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04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0272098
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, HAROL
291 MERCURY RD. APT 2
JUNO, FL 33408

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	KAZLAUSKAITE, ANELE
STREET ADDRESS	291 MERCURY ROAD APT # 1
CITY-ST-ZIP	JUNO BEACH, FL
TITLE	DP
NAME	MILLER, HAROLD
STREET ADDRESS	291 MERCURY RD. APT 2
CITY-ST-ZIP	JUNO BEACH, FL
TITLE	ST
NAME	MILLER, JANET
STREET ADDRESS	291 MERCURY ROAD APT # 2
CITY-ST-ZIP	JUNO BEACH, FL
TITLE	DVP
NAME	SPINNER, JINA
STREET ADDRESS	1710 SAXONY PLACE
CITY-ST-ZIP	CROFTON, MD 21114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80141-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Harol Miller (Pres.) 4-29-05 954-253-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #