2006 NOT-FOR-PROFIT CORPORATION

FILED Feb 15, 2006 8:00 am Secretary of State 02-15-2006 90032 002 ****61.25

ANNUAL REPORT

DOCUMENT # N40768 THE VILNIS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 60015829 118 WILLOWBROOK DRIVE 291 MERCURY RD #1 JUNO BEACH, FL 33408 AUBURN, NY 13021 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number 65-0272098 Not Applicable 'Zip' Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, HAROL MILLER HAROLL Street Address (P.O. Box Number is Not Acceptable) 291 MERCURY RD. APT 2 CELESTIAL WAY APT. JUNO, FL 33408 -Zip Code 33408 JUND BEACH 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DVP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KAZLAUSKAITE, ANELE NAME NAME 291 MERCURY ROAD APT # 1 STREET ADDRESS STREET ADDRESS JUNO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP DP TITLE □ Delete TITLE Change Change ■ Addition MILLER, HAROLD NAME NAME 291 MERCURY RD. APT 2 STREET ADDRESS STREET ADDRESS 80 CELESTIAL WAY, APT. 307 JUNO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP Change ST ☐ Delete TITLE Addition MILLER, JANET NAME NAME 80 CELESTEAL WAY, APT. 307 STREET ADDRESS 291 MERCURY ROAD APT # 2 STREET ADDRESS JUNO BEACH, FL CITY-ST-ZIP CITY-ST-ZIP Change Delete TITI F ☐ Addition DVP SPINNER, JINA NAME NAME 1710 SAXONY PLACE STREET ADDRESS STREET ADDRESS CROFTON, MD 21114 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Detete TITLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. un -626-0 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR