

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

2/ **FILED**
Mar 18, 2008 8:00 am
Secretary of State

02-28-2008 90005 027 ****61.25

DOCUMENT # N40768

1. Entity Name
THE VILNIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**291 MERCURY RD #1
JUNO BEACH, FL 33408 US**

Mailing Address
**118 WILLOWBROOK DRIVE
AUBURN, NY 13021 US**

66004270



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, HAROLD
80 CELESTIAL WAY
APT-307
JUNO BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **80 CELESTIAL WAY AT 307**
CITY- ST- ZIP **JUNO BEACH, FL 33408**

TITLE **ST**
NAME **MILLER, JANET**
STREET ADDRESS **80 CELESTIAL WAY APT 307**
CITY- ST- ZIP **JUNO BEACH, FL 33408**

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IN THIS SPACE**

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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 315-277-0573
Date Daytime Phone