


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90287 035 ****61.25

DOCUMENT # N93000001521 1. Entity Name MARA VILLA II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6565 SUPERIOR AVENUE SARASOTA, FL 34231 US	Mailing Address % BARLOW GROUP, INC. 3412 CLARK ROAD, PMB #236 SARASOTA, FL 34231-8406
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20042117



04152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0438526	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARLOW GROUP, INC. 6565 SUPERIOR AVENUE SARASOTA, FL 34231
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WEIST, JONE B 3412 CLARK ROAD, PMB #236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FREDERICK, JOHN B 3412 CLARK ROAD PMB # 236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GLENN, ROBERT C 3412 CLARK ROAD PMB # 236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCOTT, DANIEL E 3412 CLARK ROAD PMB # 236 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: JONE B. WEIST **JONE B. WEIST** 04/15/2005 (941) 927-1946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #