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

FILED Apr 11, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N940000042 EY VILLAS CONDOMINIUM A		C.		().	4-11-2008 9	90040 020) ******61	1.23	
3940 RADIO RD 394 #111 #1 NAPLES, FL 34104 US NAF		ailing Address 1940 RADIO RD #111 IAPLES, FL 34104 US								
2. Principal P	flace of Business - No P.O. Box #	I. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01302008 Ch	ng-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number 65-052344	5			plied For t Applicable	
Zip	Country	ountry Zip Country			5. Certificate of St	atus Desired		8.75 Add		
	6. Name and Address of Current Rec	istered Agent			7. Name and Add	ress of New R	egistered Ag	ent		
ANCHOR ASSOCIATES INC 3940 RADIO RD #111 NAPLES, FL 34104				Name Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code	e	
8. The above	named entity submits this statement for the	e purpose of changing its	registered office	or register	ed agent, or both, in	the State of Flo		niliar with.	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature requirements) Filling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	Filing Fee is \$61.25	9. Election Can	npaign Financing		\$5.00 May Be		ake check p			
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	9 🗆	\$5.00 May Be	Flori	ake check p ida Departm	ent of St	ate	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.	9	\$5.00 May Be Added to Fees	Flori	ake check pida Departm	ent of St	ate	
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT P SPITZER, EDWARD 8039 SAN VISTA CIR	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRES	P P	\$5.00 May Be Added to Fees	Flori	ake check pida Departm	CTORS IN	10	
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I nereby 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.

SIGNATURE: _

Daytime Phone #