NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

JCUMENT # N94000005485

1. Entity Name
MARINA HOMES AT VILLAGES OF VILANO



FILED

Jul 08, 2005 8:00 am Secretary of State

02-11-2005 90042 005 ****61.25

CONDO	MINIUM ASSOCIATION, INC	.	1000	>			
3655 COASTAL HWY 46		Mailing Address 461 A1A BEACH BLVD. ST AUGUSTINE, FL 320	-		6606433	υ	
2. Principal F	Place of Business	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Ch	g-NP CR2E0	37 (10/03)	
City & State		City & State		4. FEI Number 59-3301153	3	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered	Agent	
JACOBS, PHILIP H			Name				
JACOBS,	JACOBS & ASSOCIATES, INC BEACH BLVD	D.	Street Addres		ot Acceptable)		
ST. AUGU	JSTINE, FL 32080						
			City		FL	Zip Cod	ie
	e named entity submits this statement for	or the purpose of changing its r	registered office or reg	gistered agent, or both, in t	he State of Florida. I am	familiar with,	and accept
the obliga	tions of registered agent.						
SIGNATURE	Stonature, typed or printed name of registered agent	ned title if engineNe (NOTE)	: Registered Agent signature re	we frest when rejectation)	DATE		
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	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable t rtment of S	
10.	•	Trust Fund Co		Added to Fees		rtment of S	tate
TITLE	OFFICERS AND DI	Trust Fund Co	ontribution. 11. TITLE	Added to Fees	Florida Depa	rtment of S	tate
TITLE NAME	OFFICERS AND DIE PD CROSSLEY, GORDON	Trust Fund Co	ontribution. 11.	Added to Fees	Florida Depa	RECTORS IN	tate V 10
TITLE	OFFICERS AND DI	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Depa	RECTORS IN	tate V 10
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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 eath; 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.

den a Crossley 02/08/08

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date SIGNATURE: __

ukiginal uuqunban berini edaun bahanga kalukelalekwine migkulkinedesokdera kalukuskisetsideleokegomileste seguadaga kalukela kalukenga k Kalukenga MARINA HOMES AT VILLAGES OF VILANO CONDOMINIUM ASSOCIATION, INC. C/O JACOBS, JACOBS & ASSOCIATES, INC. 461 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080 TELEPHONE: (904) 461-5556

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ATTACHMENT

63-1243/631

NUMBER

**** STXTY ONE AND 25/100 DOLLARS

PAY

DATE 02/02/05

AMOUNT \$61.2

FLORIDA DEPARTMENT OF STATE DIV. OF CORPORATIONS PMO BOX 1500 TALLAHASSEE, FL 32302-1500

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