2004 NOT-FOR-PROFIT CORPORATION

KEINSTATEWENT					
1. Entity Nam		FILED 04 NOV 22 AM	n: 59		
VILLA DI LANCIA CONDOMINIUM ASSOCIATION, INC.				O4 NOV 22 AM SECRETARY CF S TALLAHASSEF, FI	TATE,
2171 GULF OF MEXICO DR 2171			Mailing Address 2171 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 US		_0fdDA
Principal Place of Business			•		
					TILL BEITE BATH BATA HARRI BILIB EBITH FRITTI BILLIB? BI SEMI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10282004 REIN-NP	CR2E099 (6/04)
City & State		City & State		4. FEI Number 65-0747232	Applied For Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desi	red Sa.75 Additional Fee Required
	6, Name and Address of Current	Registered Agent		7. Name and Address of N	ew Registered Agent
MITCHELL, STEVE 2171 GULF OF MEXICO DRIVE Street Address (P.O. Box Number is Not Acceptable)					
LONGBOAT KEY, FL 34228					
E TELEVISION OF THE SECOND BE PL					
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.					
House VAtatell					
SIGNATURE Signature, typed or printed name-surgristered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name arregistered agent	and title it applicable. (40)	E: Hellistated Agent signature redu	ared when remarating)	DATE
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50 Make check payable to Florida Department of State					
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 10
TITLE NAME	PD MAGUIRE, THOMAS	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	2165 GULF OF MEXICO DR, ST	E 125	STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D COMMENT IEEEDEY	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	COMMENT, JEFFREY 1223 56TH STREET		NAME STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY, MO 64113		CITY-ST-ZIP	į.	
TITLE	SD	☐ Delete	TITLE	~	☐ Change ☐ Addition
NAME STREET ADDRESS	TANGE, CHAD TO 636 12TH STREET SE		NAME STREET ADDRESS	80004	2435418 029002 **236.25
CITY-ST-ZIP	OWATONNA, MN 55060		CITY-ST-ZIP	11703704~~01	029002 **236.25
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	MARRIMAN, BOB PO BOX 190		NAME Street Address		
CITY-ST-ZIP	WALLAND, TN 37886		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ´ ☐ Addition
NAME STREET ADDRESS	SOLTIS, JESSE E 1800 GENEVA CLUB DR		NAME STREET ADDRESS		
CITY-ST-ZIP	LAKE GENEVA, WI 53147		CITY-ST-ZIP		-
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME -	· · · · · · · ·		NAME STREET ASSESSED	•	•
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		-
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					
signature: Signature: Signature: 10 28 54					
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