# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 25, 2005 8:00 am**
**Secretary of State**
07-25-2005 90102 039 ****61.25

DOCUMENT # N96000002595

1. Entity Name
VILLA DI LANCIA CONDOMINIUM ASSOCIATION, INC.

50057512

| Principal Place of Business | Mailing Address |
|---|---|
| 2171 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228 US | 2171 GULF OF MEXICO DR<br>LONGBOAT KEY, FL 34228 US |

07212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0747232
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, STEVE
2171 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | MAGUIRE, THOMAS |
| STREET ADDRESS | 2165 GULF OF MEXICO DR, STE 125 |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 |
| TITLE | D |
| NAME | COMMENT, JEFFREY |
| STREET ADDRESS | 1223 56TH STREET |
| CITY-ST-ZIP | KANSAS CITY, MO 64113 |
| TITLE | SD |
| NAME | LANGE, CHAD |
| STREET ADDRESS | 636 12TH STREET SE |
| CITY-ST-ZIP | OWATONNA, MN 55060 |
| TITLE | TD |
| NAME | MARRIMAN, BOB |
| STREET ADDRESS | PO BOX 190 |
| CITY-ST-ZIP | WALLAND, TN 37886 |
| TITLE | VPD |
| NAME | SOLTIS, JESSE E |
| STREET ADDRESS | 1800 GENEVA CLUB DR |
| CITY-ST-ZIP | LAKE GENEVA, WI 53147 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 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:** Jesse E. Soltis 7/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #