


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000000462</b>	
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1. Entity Name  
VILANO VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
2770 LOJA  
#6  
SAINT AUGUSTINE, FL 32084

Mailing Address  
2770 LOJA #6  
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CLEMENTS, JANET L  
2770 LOJA #6  
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

000000034015  
02/05/04-80067-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMENTS, JANET L 2770 LOJA #6 SAINT AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERO, JANE 2770 LOJA #3 SAINT AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOERGER, JILL 2770 LOJA #2 SAINT AUGUSTINE, FL 32084
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:** *JANET L. CLEMENTS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/04* *904-824-7986*  
Date Daytime Phone #