

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N99000000462

1. Entity Name

VILANO VIEW CONDOMINIUM ASSOCIATION, INC.



FILED
Feb 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

2770 LOJA
#6
SAINT AUGUSTINE FL 32084

Mailing Address

2770 LOJA #6
SAINT AUGUSTINE FL 32084



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: STD ☐ Delete
NAME: CLEMENTS, JANET L
STREET ADDRESS: 2770 LOJA #6
CITY-STATE-ZIP: SAINT AUGUSTINE FL 32084

TITLE: PD ☐ Delete
NAME: ROGERO, JANE
STREET ADDRESS: 2770 LOJA #3
CITY-STATE-ZIP: SAINT AUGUSTINE FL 32084

TITLE: VD ☐ Delete
NAME: YOERGER, JILL
STREET ADDRESS: 2770 LOJA #2
CITY-STATE-ZIP: SAINT AUGUSTINE FL 32084

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000628719
CITY-STATE-ZIP: 02/16/07-80028-007 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Janet L. Clements

2/5/07

904-824-7986