2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# P09000025743

Entity Name: EXCLUSIVE TROPICAL VILLAS, INC.

Current Principal Place of Business:

2606 SW 48TH TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

825 SE 47TH TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

IWONA HOFMANN
2215 CAPE CORAL PKWY W
CAPE CORAL, FL 33914

FEI Number: 26-4506826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, CLAUDIA W
825 SE 47TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

HOFMANN, IWONA
2215 CAPE CORAL PKWY W
CAPE CORAL, FL 33914 US

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.

SIGNATURE: IWONA HOFMANN 04/01/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: HOFMANN, HERBERT
Address: 2606 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP
Name: HOFMANN-ZUKROWSKA, IWONA
Address: 2606 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S
Name: HOFMANN-ZUKROWSKA, IWONA
Address: 2606 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T
Name: HOFMANN-ZUKROWSKA, IWONA
Address: 2606 SW 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOFMANN VP 04/01/2010
Electronic Signature of Signing Officer or Director Date