2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State
04-26-2004 90555 021 ****61.25

DOCUMENT # 747188

1. Entity Name

VILLA YVONNE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O NEWELL PROPERTY MGMT~~ ~~5435 JAEGER RD. #4~~ ~~NAPLES FL 34109~~ BARBARA EDGAR	~~C/O NEWELL PROPERTY MGMT~~ ~~5435 JAEGER RD. #4~~ ~~NAPLES FL 34109~~ BARBARA EDGAR
2. Principal Place of Business 6101 14th AVE SW Suite, Apt. #, etc.	3. Mailing Address 6101 14th AVE SW Suite, Apt. #, etc.
City & State: NAPLES FL Zip: 34116 Country: USA	City & State: NAPLES FL Zip: 34116 Country: USA

00421400

[redacted]

MOORE CR2E037 (11/03)

4. FEI Number 59-2313282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name: BARBARA EDGAR
Street Address (P.O. Box Number is Not Acceptable): 6101 14th AVE SW
City: NAPLES FL Zip Code: 34116

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: Barbara Edgar 05/08/04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JONES, SANDY 229 7TH AVE S #102 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~BARNELL, LUCILLE~~ ~~229 7TH AVE S #201~~ ~~NAPLES~~ FL 34102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUSACCO, ANTHONY 229 7TH AVE S #102 NAPLES FL 34102 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JONES, SANDY 229 7TH AVE S #202 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ZIMMERMAN, JOSEPH 229 7TH AVE. S. #103 NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sandra Jones Pres. 4-8-04 2397 261-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SANDRA Jones, Pres.