


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

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90195 020 \*\*\*\*61.25

**DOCUMENT # 767699**  
1. Entity Name  
VILLANOVA COLONNADE CONDOMINIUM, SECTION IV, ASSOCIATION, INC.



Principal Place of Business: 9821 ALABAMA STREET, BONITA SPRINGS FL 34135  
Mailing Address: P.O. BOX 2507, BONITA SPRINGS FL 34133

66422385



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

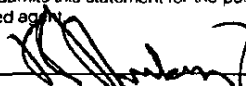
4. FEI Number: 59-2419861  
Applied For:  Not Applicable

Zip: Country

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEREZ, LAWRENCE  
27657 OLD 41 RD  
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent  
Name: Floyd Luckey  
Street Address (P.O. Box Number is Not Acceptable): 5164 Bonita Beach Road  
P.O. Box 2472 34134  
City: Bonita Springs FL Zip Code: 34133

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, 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

TITLE: PD	NAME: LUCKEY, R F JR	<input type="checkbox"/> Delete
STREET ADDRESS: 5164 BONITA BEACH RD	CITY-ST-ZIP: BONITA SPRINGS FL 34134	
TITLE: STD	NAME: NELSON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS: 70 WEBSTER RD	CITY-ST-ZIP: BRAINTREE MA	
TITLE: VPD	NAME: LUCKEY, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS: 5164 BONITA BCH RD SW	CITY-ST-ZIP: BONITA SPRINGS FL	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #