

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767699

FILED
Apr 24, 2009
Secretary of State

Entity Name: VILLANOVA COLONNADE CONDOMINIUM, SECTION IV, ASSOCIATION, INC.

Current Principal Place of Business:

9821 ALABAMA STREET
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9821 ALABAMA STREET
STE #5
NAPLES, FL 34135

New Mailing Address:

FEI Number: 59-2419861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, JASON
9821 ALABAMA STREET
STE #5
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAPLAN, JASON E
Address: 9821 ALABAMA STREET #5
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: VALENTINE, SUZY
Address: 10971 RAGSDALE STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S,VP () Delete
Name: BELL, ALECIA
Address: P.O. BOX 367103
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T () Delete
Name: KOLARIK, NANCY
Address: 9871 ALABAMA STREET #5
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: MASTRODONATO, DOMINICK
Address: 9871 ALABAMA STREET #2
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete
Name: LETZELTER, DAVID A
Address: 9861 ALABAMA STREET #5
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON KAPLAN

P

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date