

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767699

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** VILLANOVA COLONNADE CONDOMINIUM 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  
Name: KAPLAN, JASON E  
Address: 9821 ALABAMA STREET #5  
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D  
Name: MAISCH, ANN MAY  
Address: 297 DONARA BLVD  
City-St-Zip: FORT MYERS, FL 33931

Title: D  
Name: ADAMS, RICK D  
Address: 9821 ALABAMA STREET #6  
City-St-Zip: BONITA SPRINGS, FL 34135

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON KAPLAN

P

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date