


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009320
1. Entity Name
VILLA ENSENADA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
111 CAPRI BLVD. 111 CAPRI BLVD.
NAPLES, FL 34113 NAPLES, FL 34113

DO NOT WRITE IN THIS SPACE



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 47-0420136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEDMORE, MICHAEL
111 CAPRI BLVD.
NAPLES, FL 34113

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IN THIS SPACE**

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's signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

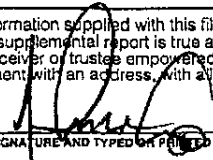
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000132496
04/27/04-80049-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGY, JOHN R 111 CAPRI BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, L.R. 111 CAPRI BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEDMORE, MICHAEL 111 CAPRI BLVD. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  John R. Nagy 4/22/04 414-290-9216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #