


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **47-0420136** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DEDMORE, MICHAEL**  
**111 CAPRI BLVD.**  
**NAPLES, FL 34113**

**DO NOT WRITE 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: \_\_\_\_\_ (NOTE Registered Agent signature required when re/setting) DATE: \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

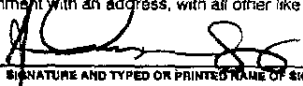
**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

U00000360518  
 05/05/05-80035-005 61.25

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:**  **John R. Nagy** **4/29/2005** **414-290-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #