


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90418 022 \*\*\*\*61.25

**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**  
**2521 Outrigger Lane**      **2521 Outrigger Lane**  
**Naples, FL 34104**      **Naples, FL 34104**

40079800



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04262006    Chg-NP    CR2E037 (11/05)

4. FEI Number      Applied For  
**47-0420136**      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**  
**2521 Outrigger Lane**  
**Naples, FL 34104**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	NAGY, JOHN R	
STREET ADDRESS	111 CAPRI BLVD. 2521 Outrigger Lane	
CITY-ST-ZIP	NAPLES, FL 34113 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, L.R.	
STREET ADDRESS	111 CAPRI BLVD. 2521 Outrigger Lane	
CITY-ST-ZIP	NAPLES, FL 34113 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEDMORE, MICHAEL	
STREET ADDRESS	111 CAPRI BLVD. 2521 Outrigger Lane	
CITY-ST-ZIP	NAPLES, FL 34113 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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      President      4/26/06      239-643-0824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT 40079800



# 002000009320

1395 Panther Lane  
Suite 300  
Naples, Florida 34109  
Tel 239.262.5959  
Fax 239.434.4999  
www.quarles.com

**Attorneys at Law in:**  
*Phoenix and Tucson, Arizona  
Naples and Boca Raton, Florida  
Chicago, Illinois  
Milwaukee and Madison, Wisconsin*

Writer's Direct Dial: 239-434-4931  
Writer's Fax: 239-213-5429  
E-Mail: tem@quarles.com

April 28, 2006

**VIA UPS OVERNIGHT**

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Annual Reports**

Dear Sir or Madam:

Enclosed please find the following Annual Reports and checks for the following companies:

1. 2006 Not-For-Profit Corporation Annual Report form for **Villa Ensenada Condominium Association, Inc.**, together with a check payable to Florida Department of State in the amount of \$61.25.
2. 2006 Not-Profit-Profit Corporation Annual Report form for **Villas Veracruz Condominium Association**, together with a check payable to Florida Department of State in the amount of \$61.25.

If you have any questions, please contact me at 239-434-4931.

Sincerely yours,

QUARLES & BRADY LLP

Thomas E. Maloney

TEM:KP  
Enclosures