

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009320

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: VILLA ENSENADA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CHEFFY PASSIDOMO WILSON & JOHNSON, LLP  
821 5TH AVE. S., SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

C/O CHEFFY PASSIDOMO, P.A.  
821 5TH AVE. S., SUITE 201  
NAPLES, FL 34102

**Current Mailing Address:**

P.O. BOX 828  
WAUKESHA, WI 53187

**New Mailing Address:**

FEI Number: 47-0420136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 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: D ( ) Delete  
Name: NAGY, JOHN R  
Address: P.O. BOX 828  
City-St-Zip: WAUKESHA, WI 53187

Title: D ( ) Delete  
Name: NORMAN, L.R.  
Address: P.O. BOX 828  
City-St-Zip: WAUKESHA, WI 53187

Title: D ( ) Delete  
Name: DEDMORE, MICHAEL  
Address: P.O. BOX  
City-St-Zip: WAUKESHA, WI 53187

**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:

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: JOHN R. NAGY

D

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date