

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001069

**Entity Name:** THE VILLAS AT ASTON GARDENS CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC0369646561**

**Current Principal Place of Business:**

SOUTHWEST PROPERTY MGMT CORP  
1044 CASTELLO DR #206  
NAPLES, FL 34103

**Current Mailing Address:**

SOUTHWEST PROPERTY MGMT CORP  
1044 CASTELLO DR #206  
NAPLES, FL 34103

**FEI Number: 59-3700655**

**Certificate of Status Desired: No**

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

SOUTHWEST PROPERTY MGMT CORP.  
1044 CASTELLO DRIVE #206  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title VP  
Name HERBST, PEPI  
Address 4795 ASTON GARDENS WAY, #D101  
City-State-Zip: NAPLES FL 34109

Title P  
Name COOPER, BILL  
Address 4825 ASTON GARDENS WAY, #A201  
City-State-Zip: NAPLES FL 34109

Title S  
Name EYTEL, MARY ANN  
Address 4805 ASTON GARDENS WAY, #C101  
City-State-Zip: NAPLES FL 34109

Title D  
Name CARPENTER, ERNEST  
Address 4805 ASTON GARDENS WAY #C201  
City-State-Zip: NAPLES FL 34109

Title T  
Name CANHAM, DON  
Address 4825 ASTON GARDENS WAY, #A102  
City-State-Zip: NAPLES FL 34109

*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: BILL COOPER**

**P**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date