


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

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 708391
1. Entity Name
ALAMANDA APARTMENTS, INC.



Principal Place of Business Mailing Address
**1964 ALAMANDA DR.
NAPLES, FL 34102** **1040 6TH AVE. N
NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



01072006 No Chg-NP CRZE037 (11/05)

4. FEI Number Applied For
59-1974063 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**VALENTINI, VINCENT P
1040 6TH AVE. N.
NAPLES, FL 34102**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**110000418943
02/14/06-80027-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEIXEIRA, ALICE 135 SLADE RD ASHFORD, CT 06278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PREWITT, MARY M 1964 ALAMANDA DR. #4 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARBURY, SUSAN 1964 ALAMANDA DR. # 12 NAPLES, FL 34102
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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IN THIS SPACE**

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: _____ **1-26-06** **(239) 261-1161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #