

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 028 ****61.25

DOCUMENT # 709559 1. Entity Name PALM BAY VILLAS INC., OF NAPLES			
Principal Place of Business 501 GOODLETTE RD N STE C-200 NAPLES, FL 34105 US		Mailing Address 501 GOODLETTE RD N STE C-200 NAPLES, FL 34105 US	
2. Principal Place of Business - No P.O. Box # 2685 Horseshoe Dr. S. #215 Suite, Apt. #, etc. NAPLES, FL		3. Mailing Address Suite, Apt. #, etc. same City & State NAPLES, FL Zip 34104 Country UNITED STATES	
4. FEI Number 59-1158822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, JOHN S 501 GOODLETTE RD N STE C-200 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Nicholas KUNCIO Street Address (P.O. Box Number is Not Acceptable) 1950 Gulf Shore Blvd #106 City Naples FL Zip Code 34102	
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 Nicholas KUNCIO 4/14/08 <small>Signature, typed or printed name of undersigned agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORFEI, JUDY 1950 GULF SHORE BLVD #209 NAPLES, FL 34102	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEIR, SALLY 1950 GULF SHORE BLVD., #214 NAPLES, FL 34102	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUNCIO, NICHOLAS 1950 GULF SHORE BLVD., #106 NAPLES, FL 34102	<input type="checkbox"/> Delete	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOREHAD, PAUL 1950 GULF SHORE BLVD., #107 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROICHEAU, JOSEPH 1050 GULF SHORE BLVD NO NAPLES, FL 34102	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Nicholas Kuncio <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/14/08 Daytime Phone #	