

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 021 ****61.25

DOCUMENT # 731224

1. Entity Name
VILLA D'ESTE ASSOCIATION, INC.



Principal Place of Business
**C/O CPMI
810 B PINEBROOK ROAD
VENICE, FL 34292 US**

Mailing Address
**C/O CPMI
810 B PINEBROOK ROAD
VENICE, FL 34292 US**

40034506



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1061572

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPRI PROPERTY MANAGEMENT INC
810-B PINEBROOK RD.
VENICE, FL 34292**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☐ Delete
NAME **HERRON, RONALD**
STREET ADDRESS **102 BEVERLY CIRCLE**
CITY-ST-ZIP **GATE CITY, VA 24251**

TITLE ☐ Delete
NAME **WALKER, JIM**
STREET ADDRESS **102 CAPRI ISLES BOULEVARD SUITE 107**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME **D MILLER, CHARLIE**
STREET ADDRESS **102 CAPRI ISLES BOULEVARD SUITE 104**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME **D PETERS, JON**
STREET ADDRESS **3 SHERIDAN COURT**
CITY-ST-ZIP **WOODRIDGE, IL 60517**

TITLE ☐ Delete
NAME **ST MARTORANE, THOMAS**
STREET ADDRESS **102 CAPRI ISLES BLVD, #102**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME **AS GREEN, DEBBIE**
STREET ADDRESS **810 B PINEBROOK RD**
CITY-ST-ZIP **VENICE, FL 34285**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **STD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Debbie Green* **Debbie Green**

2-24-07

941-412-0449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #