

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90050 006 \*\*\*\*61.25

<b>DOCUMENT # 739561</b>					
1. Entity Name <b>VILLA VERSAILLES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>724 BROAD AVE SOUTH NAPLES FL 34102 US</b>		Mailing Address <b>724 BROAD AVE SOUTH NAPLES FL 34102 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1889193</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DUNPHY, TERRELL C 724 BROAD AVE SOUTH NAPLES FL 34102-7330</b>			7. Name and Address of New Registered Agent		
			-Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 <u>Terrell C. Dunphy</u> <b>TERRELL C. DUNPHY, TREASURER</b> <u>1/31/04</u>					
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, JOHN W		NAME		
STREET ADDRESS	720 BROAD AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102-7330		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZAWISTOSKI, SHIRLEY		NAME		
STREET ADDRESS	722 BROAD AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102-7330		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNPHY, TERRELL		NAME		
STREET ADDRESS	724 BROAD AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102-7330		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BASCONI, LEONARD		NAME	<b>DOVE, LISA</b>	
STREET ADDRESS	704 BROAD AVE SOUTH		STREET ADDRESS	<b>744 BROAD AVE SOUTH</b>	
CITY-ST-ZIP	NAPLES FL 34102-7330		CITY-ST-ZIP	<b>NAPLES, FL 34102</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORRIS, GERALDINE		NAME		
STREET ADDRESS	720 BROAD AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102-7330		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Terrell C. Dunphy</u> <b>TERRELL C. DUNPHY, TREASURER</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>1/31/04</u> Daytime Phone # <u>(239) 430-0619</u>					