


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90071 002 ****61.25

DOCUMENT # 739561
 1. Entity Name
VILLA VERSAILLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 724 BROAD AVE SOUTH 724 BROAD AVE SOUTH
 NAPLES FL 34102 NAPLES FL 34102
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1889193 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
DUNPHY, TERRELL C
724 BROAD AVE SOUTH
NAPLES FL 34102-7330

7. Name and Address of New Registered Agent
 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: *Terrell C. Dunphy* **TERRELL C. DUNPHY** *Treasurer*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **1/31/05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	PD	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN W	
STREET ADDRESS	720 BROAD AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102-7330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAWISTOSKI, SHIRLEY	
STREET ADDRESS	722 BROAD AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102-7330	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUNPHY, TERRELL	
STREET ADDRESS	724 BROAD AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102-7330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVE, LISA	
STREET ADDRESS	744 BROAD AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORRIS, GERALDINE	
STREET ADDRESS	720 BROAD AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102-7330	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEO BASCONE	
STREET ADDRESS	704 BROAD AVE S	
CITY-ST-ZIP	NAPLES FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Terrell C. Dunphy* **TERRELL C. DUNPHY** *1/31/05* **239-430-0619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #