2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90500 043 ****61.25

DOCUMENT # 741229

1. Entity Name
VILLA CAPRI ASSOCIATION, INC.

20053923

04192005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
%BENSON'S INC. 12650 WHITEHALL DR. FT. MYERS, FL 33907-3619	%BENSON'S INC. 12650 WHITEHALL DR. FT. MYERS, FL 33907-3619

2. Principal Place of Business	3. Mailing Address
2828 Jackson St.	P.O. Box 151845
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Cape Coral FL
Zip: 33901 Country: U.S.A	Zip: 33915 Country: U.S.A

4. FEI Number: 59-1556592 ☐ Applied For ☐ Not Applicable

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
BENSON, MARK R C/O BENSON'S INC 12650 WHITEHALL DR FT MYERS, FL 33907	Name: PAOLA DUMAS Street Address (P.O. Box Number is Not Acceptable): 3645 SE 8th Pl. City: Cape Coral FL Zip Code: 33904

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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONALDSON, JOHN 2828 JACKSON ST M1 FT. MYERS, FL 33901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jessie Dumas 2828 Jackson St. # N5 Fort Myers, FL 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DURANTINI, JOSEPH 2828 JACKSON ST N-6 FT. MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOWNS, JAMES 2828 JACKSON ST., K-5 FORT MYERS, FL 33901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Doris DeBello 2828 Jackson St # K-2 Fort Myers, FL 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, MICHAEL 2828 JACKSON ST M-3 FORT MYERS, FL 33901	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOVAK, FRANK 2828 JACKSON ST I-6 FORT MYERS, FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jessie DeDumas (Treasurer)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #