

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90174 039 ****61.25

DOCUMENT #741229 1. Entity Name VILLA CAPRI ASSOCIATION, INC.					
Principal Place of Business 2828 JACKSON ST FORT MYERS, FL 33901			Mailing Address PO BOX 151845 CAPE CORAL, FL 33915		
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 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		
ZUNINO, PAOLA 3645 SE 8TH PL CAPE CORAL, FL 33904			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 <u>Paola Zunino</u> <u>Paola Zunino</u> <u>4/20/06</u> 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, 2006		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 DUMAS, JESSIE 2828 JACKSON ST #N5 FT. MYERS, FL 33901	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Dumas Jessie 2828 Jackson St #N5 Ft Myers FL 33901
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DURANTINI, JOSEPH 2828 JACKSON ST N-6 FT. MYERS, FL 33901	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Le Roy Ruff (VP) 2828 Jackson Street C1 Ft Myers FL 33901
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBELLO, DORIS 2828 JACKSON ST #K-2 FORT MYERS, FL 33901	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAK, FRANK 2828 JACKSON ST I-6 FORT MYERS, FL 33901	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jules Brown 2828 Jackson Street J-3 Ft Myers FL 33901
		☐ 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 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: <u>Le Roy Ruff, Jr</u> <u>4/26/06</u> <u>239-331-4299</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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