

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747188

FILED
Apr 16, 2009
Secretary of State

Entity Name: VILLA YVONNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

229 7TH AVE S
NAPLES, FL 34102

New Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S. #215
NAPLES, FL 34104

Current Mailing Address:

C/O FRITZ PROPERTY MGMT
1622 TRIANGLES PALM TERR
NAPLES, FL 34119

New Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S. #215
NAPLES, FL 34104

FEI Number: 59-2313292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT FRITZ FRITZ PROP MGMT
1622 TRIANGLE PALM TERR
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

NEWCOME, THOMAS
229 7TH AVE S. #203
NAPLES, FL 34102 US

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.

SIGNATURE: THOMAS NEWCOME

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZIMMERMAN, JOE
Address: 229 7TH AVE S UNIT 103
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: WARMACK, ROSELLE
Address: 229 7TH AVE S UNIT 101
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: SERLU, STEVEN
Address: 229 7TH AVE. S. UNIT 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T/S (X) Change () Addition
Name: ZIMMERMAN, JOE
Address: 229 7TH AVE S UNIT 103
City-St-Zip: NAPLES, FL 34102

Title: P (X) Change () Addition
Name: NEWCOME, THOMAS
Address: 229 7TH AVE S UNIT 203
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change () Addition
Name: BIENASHSKI, DAVID
Address: 229 7TH AVE. S. UNIT 102
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS NEWCOME

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04/16/2009

Electronic Signature of Signing Officer or Director

Date