


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 040 \*\*\*\*61.25

<b>DOCUMENT # 761889</b> 1. Entity Name VILLA DE VERN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1118-1124 SE 47TH TERR CAPE CORAL, FL 33904			Mailing Address C/O AMERICAN CONDO MGMT PO BOX 100399 CAPE CORAL, FL 33910 US		
2. Principal Place of Business <i>40 American Condo Mgmt</i> Suite, Apt. #, etc. <i>615 Cape Coral Pkwy #103</i> City & State <i>Cape Coral, FL</i> Zip <i>33914</i>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2382608			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KASE, SUSAN M C/O AMERICAN CONDO MGMT 909 SE 47TH TERRACE, STE 105 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>615 CAPE CORAL PKWY W, # 103</i> City <i>CAPE CORAL</i> FL Zip Code <i>33914</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KUPEZYK, DAVID 4553 W 56TH ST CHICAGO, IL 60629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas Herring, Jr 1124 SW 48TH Terr #106 CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEURETZBACHER, HEINZ 5619 SW 14TH AVE CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTIN ROZANSKI 1124 SW 48TH Terr #108 CAPE CORAL, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFISTER, HARRY SR 1124 SW 48TH TERR #205 CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUPCZYK, JOHN 10111 S HARDING RD CHICAGO, IL 60655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNTIN, MARK 12 LEIGUS RD STEVENSON, CT 06491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRED ALLEN 3780 WISNER HWY ADRIAN, MI 49221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Harry Pfister</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>HARRY PFISTER SR</i>			Date <i>4/26/06</i> Daytime Phone # <i>239 542-4404</i>		