

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 28, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90691 033 \*\*\*\*61.25

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MOORE CR2E037 (11/03)

<b>DOCUMENT # 765361</b>					
1. Entity Name <b>VILLANOVA COLONNADE CONDOMINIUM, SECTION-I, ASSOCIATION, INC.</b>					
Principal Place of Business <b>9871 ALABAMA STREET BONITA SPRINGS FL 34135</b>			Mailing Address <b>PO BOX 2507 BONITA SPRINGS FL 34133</b>		
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 <b>59-2335821</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOORE, HENRY</b> <b>9871 ALABAMA STREET</b> <b>#6</b> <b>BONITA SPRINGS FL 34135</b>				Name <b>Lawrence Perez</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>PO - C. J. R. Accounting Services</b>	
				City <b>Bonita Springs</b> FL Zip Code <b>34135</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</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					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	MOORE, HENRY				
STREET ADDRESS	9871 ALABAMA SE				
CITY- ST- ZIP	BONITA SPRINGS FL				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	CRAM, RICK				
STREET ADDRESS	16 CENTER ST				
CITY- ST- ZIP	DUDLEY MA				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	KOLARIK, NANCY				
STREET ADDRESS	9871 ALABAMA ST 5				
CITY- ST- ZIP	BONITA SPRINGS FL 34135				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	DOMINICK M. Mastrodonato				
STREET ADDRESS	948 OHIO CT				
CITY- ST- ZIP	Carol Stream IL, 60188				
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					
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					