

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90136 022 ****61.25

DOCUMENT # 765361



1. Entity Name
**VILLANOVA COLONNADE CONDOMINIUM, SECTION I,
ASSOCIATION, INC.**

Principal Place of Business

**9871 ALABAMA STREET
BONITA SPRINGS, FL 34135**

Mailing Address

**PO BOX 2507
BONITA SPRINGS, FL 34133**



01112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2335821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, LAWRENCE
C/O CIRA ACCOUNTING SERVICES
27657 OLD 41 ROAD
BONITA SPRINGS, FL 34135**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MASTRODONATO, DOMINICK M
948 OHIO CT.
CAROL STREAM, IL 60188**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CRAM, RICK
16 CENTER ST
DUDLEY, MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
KOLARIK, NANCY
9871 ALABAMA ST 5
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #