


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

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # 765625 1. Entity Name VILLANOVA COLONNADE CONDOMINIUM, SECTION II, ASSOCIATION, INC.	
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Principal Place of Business 9861 ALABAMA STREET BONITA SPRINGS, FL 34135 US	Mailing Address PO BOX 2507 BONITA SPRINGS, FL 34133 US
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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2335819 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LUCKEY, FLOYD 5164 BONITA BEACH RD BONITA SPRINGS, FL 34134
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	VD MARIAM, HAILLE 9861 ALABAMA STREET #1 BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LUCKEY, FLOYD JR. 5164 BONITA BEACH RD SW BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LUCKEY, BARBARA 5164 BONITA BCH RD SW BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/05-80119-003 61.25

**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 #

4/29/05