

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

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

<b>DOCUMENT # 767698</b>	
1. Entity Name VILLANOVA COLONNADE CONDOMINIUM, SECTION III, ASSOCIATION, INC.	
Principal Place of Business 9831 ALABAMA STREET BONITA SPRINGS, FL 34135	Mailing Address PO BOX 2507 BONITA SPRINGS, FL 34133 US



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2651651

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

**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	PTD
NAME	LUCKEY, R.F. JR
STREET ADDRESS	5164 BONITA BCH RD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VSD
NAME	KELLY, JOSEPH
STREET ADDRESS	25810 COCKLESHELL DR. #218
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	LUCKEY, BARBARA
STREET ADDRESS	5164 BONITA BEACH ROAD S.W.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000358531  
05/04/05-80119-004 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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Agent Bookkeeper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05