

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90015 041 \*\*\*\*61.25

**DOCUMENT # N00000000558**

1. Entity Name  
VILLAS TORINO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

359 9 AVE S  
NAPLES, FL 34102

Mailing Address

C/O PUTNAM MGMT  
792 94 AVE N  
NAPLES, FL 34108

**DO NOT WRITE IN THIS SPACE**



04242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
14-1846009

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PUTNAM, DAVID  
792 94 AVE N  
NAPLES, FL 34108

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE ~~PD~~ PD  
NAME HAMILTON, MARIA  
STREET ADDRESS 11140 SNAPPER CREEK RD.  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ~~VPD~~ S/TD  
NAME SMALLWOOD, JOHN  
STREET ADDRESS 363 9TH AVE S  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ~~VPD~~ VPD  
NAME HORSFIELD, SYDNEY  
STREET ADDRESS 355 9TH AVE. S.  
CITY-ST-ZIP NAPLES, FL 34102

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John T. Smallwood* John T Smallwood 4/25/07 (239) 241 4402