NOT-FOR-PROFIT CORPORATION

	NIFORM BUSINE	SS REPORT	(UBR)	<u> </u>	r 23, 2002 8:00 am
D@CU	MENT # NOOC	Secretary of State 04-23-2002 90320 029 ****61.25			
Vil	las Amalfi Con	dominium A	ssee. Inc	•	
İ	DO NOT WRITE	IN THIS SPA	ACE		
2. Principal P	Mace of Business 4TH Auz. S.	3. Mailing Address	ANE. N.	-	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & Stat	APLES Fl.	City & State	FL.	4. FEI Number	Applied For Not Applicable
3410		34108	Country 3	5. Certificate of Sta	\$9.75 Additional
		24.2	Name	7. Name and Addres	ss of Current Registered Agent
	DO NOT WI	RITE	- D	S (P.O. Box Number is N	ot Acceptable)
	IN THIS SP	ACE	792	94 AU	C. N.
» ر	•		City	PLES F	Z. FL Zin Code
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	tered agent, or both, in t	he state of Florida.
ತ SIGNATURE .	000	A			3/31/02
Oldivitronia :	Signature, typed or printed game of registered agent or	d title if applicable. (NOTE: R	legistered Agent signature requ	ired when reinstating)	DATE
æ	FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Cor	· · · · ·	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
10.	OFFICERS AND DIRE	ECTORS		<u> </u>	
TITLE NAME	DP ENGELHANDT, J.		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	265 2~2 AU2.3.		STREET ADDRESS CITY-ST-ZIP		
TITLE	DVP/S. PL. 3410		TITLE		
NAME STREET ADDRESS 275 2 D AVE. S.			NAME STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL. 3410	٠٠	CITY-ST-ZIP		Commence of the second
NAME	Ma NALL Rick	•	TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	Manabb, Rick 295 2Nd AVE. S. NAPLES, FC. 3410	o7.	STREET ADDRESS CITY-ST-ZIP	DO	NOT WRITE
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	IN T	HIS SPACE
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME			TITLE NAME	···································	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP			GH1-51-ZIP	0 4 440.07(0)(0 =	

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 missee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-5-02

Date Daylirie Phone #

200	Z UNI	LOUM DOS	INE 33	NEPU	VI (OB)	"				
DOCU	MENT	# N000000	0161	0/63	\$ 23,	/				
VILLAS .	amalfi c	ONDOMINIUM ASSO	OCIATION,	INC.						
Principal Place of Business Mailing Address										
MEASTELLO DR. SUITE 224			5811 PELICAN BAY BLVD.					:		
- ESIFL 34103			208 NAPLES FL 34/03							
									1111 13131 11818 1 114	
2. Principal f	Pláce of Busir	ness	3. Mailing	Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN	THIS SPACE	
City & State			City & State				4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip		Country	Zip	·	Country		5. Certificate of S	Status Desired	\$8.75 A Fee Requ	
	6. Name	and Address of Current	Registered A	gent	Name		7. Name and Ad	dress of New Regist	ered Agent	
	\					ddraee (P.O. Box Number is	: Not Accentable)		
BARNETT, CHEFFY F		/) wilson & Johnson	Street Addre				.o. box (valibb)	7100700000000		
821 5TH /	ave s, s un				City			······································	Zip Co	nde
NAPLES F		\							FL Zip Co	
8. The above	e ramed entit	y submits this statement for	the purpose	of changing its re	egistered office or	register	ed agent, or both, i	n the state of Florida.		
· · · · · ·										}
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable	e (NOTE:	Registered Agent signatu	periuper eru	when reinstating)	(DATE	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable	e (NOTE: :	Registered Agent signatu	beriuper eru	when reinstating)	Taka bana a sa a	DATE	
	Signature, typed	or printed name of registered agent a	- 1	9. Election Camp Trust Fund Co	paign Financing	re required	when reinstating) \$5.00 May Be Added to Fees	Make C	heck Payabl	e to'
9.	Signature, typed	Section 1	ECTORS	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make C	heck Payab rtment of Sta	ite
9. 10. TITLE	FILE NOW	/: FEE IS \$61.25	ECTORS	9. Election Camp	paign Financing intribution. 11.		\$5.00 May Be Added to Fees	Make C Depar	heck Payab rtment of Sta	IN 10
10. TITLE NAME STREET ADDRESS	FILE NOW D BOURASS 5051 CAS	OFFICERS AND DIR A, PETER TELLO DR, SUITE 224	ECTORS	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	Make C Depar	heck Payab rtment of Sta	IN 10
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10. TITLE NAME STREET ADDRESS	FILE NOW D BOURASS 5051 CAS	OFFICERS AND DIR SA, PETER TELLO DR, SUITE 224 L 34103	ECTORS	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	Make C Depar	heck Payab rtment of Sta	IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW D BOURASS 5051 CAS NAPLES F D DARER, E 5051 CAS	OFFICERS AND DIR A, PETER TELLO DR, SUITE 224 L 34103 NRIQUE TELLO DR, SUITE 224	ECTORS	9. Election Camp Trust Fund Co	paign Financing intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	Make C Depar	theck Payabletment of Standard Change	IN 10
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SIGNATURE:

SIGNATURE REQUIRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR