

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90320 029 ****61.25

DOCUMENT # NO00000001610 ✓
1. Entity Name
Villas Amalfi Condominium Assoc. Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
255 4TH Ave. S.

3. Mailing Address
792 94 AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL.

City & State
NAPLES, FL.

4. FEI Number
59 3732157

Applied For
Not Applicable

Zip
34102

Country
U.S.

Zip
34108

Country
U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID PUTNAM

Street Address (P.O. Box Number is Not Acceptable)

792 94 AVE. N.

City
NAPLES, FL.

FL

Zip Code
34108

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.

SIGNATURE [Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/31/02
DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ENGELHARDT, J.
265 2ND AVE. S.
NAPLES, FL. 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP/S
MORRIS, MARY
275 2ND AVE. S.
NAPLES, FL. 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP/T
McNABB, RICK
295 2ND AVE. S.
NAPLES, FL. 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02
Date

Daytime Phone #

CR2E037B (12/01)

2002 UNIFORM BUSINESS REPORT (UBR)

0049125

DOCUMENT # N00000001610/035231
1. Entity Name
VILLAS AMALFI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 50 CASTELLO DR. SUITE 224 NAPLES FL 34103	Mailing Address 5811 PELICAN BAY BLVD. 208 NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	APPLIED FOR	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARNETT, LISA H
CHEFFY PASSIDOMO WILSON & JOHNSON
821 5TH AVE S, SUITE 102
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOURASSA, PETER	
STREET ADDRESS	5051 CASTELLO DR, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DARER, ENRIQUE	
STREET ADDRESS	5051 CASTELLO DR, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHEINHOLZ, ARTHUR	
STREET ADDRESS	5051 CASTELLO DR, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, MARK	
STREET ADDRESS	5811 PELICAN BAY BLVD.. STE 208	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, STEPHEN	
STREET ADDRESS	5811 PELICAN BAY BLVD. STE 208	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)