


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

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001610

1. Entity Name
VILLAS AMALFI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
255 FOURTH AVENUE SOUTH
NAPLES, FL 34102

Mailing Address
792 94TH AVENUE NORTH
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



03052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3732157

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 94TH AVENUE NORTH
NAPLES, FL 34108

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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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

1000000284108
04/01/05-80053-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGELHARDT, J. 265 SECOND AVENUE S. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MORRIS, MARY 275 SECOND AVENUE SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNABB, RICK 285 SECOND AVENUE SOUTH NAPLES, FL 34102
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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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E. Morris MARY E. MORRIS 3/29/05 (239) 643-7806

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