


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
 265-285 4 AVE S.
 NAPLES, FL 34102

Mailing Address
 792 94TH AVENUE NORTH
 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0083472

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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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGELHARDT, FRAN 265 SECOND AVENUE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD 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
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 05/30/08-80027-022 61.25

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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: Mary Morris **Mary Morris** 4/28/08 **239-784-8599**

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