

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001610

FILED
Apr 20, 2009
Secretary of State

Entity Name: VILLAS AMALFI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265-285 4 AVE S.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

792 94TH AVENUE NORTH
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0083472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTNAM, DAVID
792 94TH AVENUE NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ENGELHARDT, FRAN
Address: 265 SECOND AVENUE S
City-St-Zip: NAPLES, FL 34102

Title: VSD () Delete
Name: MORRIS, MARY
Address: 275 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: MCNABB, RICK
Address: 285 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRAN ENGELHARDT

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date