


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90100 003 ****61.25

DOCUMENT # N00000007357					
1. Entity Name DA VINCI ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 7955 AIRPORT ROAD, N SUITE 101 NAPLES, FL 34109			Mailing Address 7955 AIRPORT ROAD, N SUITE 101 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3679121	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAGA, ANTONIO ESQ. 7955 AIRPORT ROAD, N SUITE 101 NAPLES, FL 34109			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'LOUGHLIN, PATRICK 27299 RIVERVIEW CENTER, SUITE 106 BONITA SPRINGS, FL 34134		O'LOUGHLIN, PATRICK J 9130 GALLERIA COURT, SUITE 113 NAPLES, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'LOUGHLIN, LIAM P 27299 RIVERVIEW CENTER, SUITE 106 BONITA SPRINGS, FL 34134		9130 GALLERIA COURT, SUITE 113 NAPLES, FL 34109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SICKLES, BRUCE J 7955 AIRPORT ROAD, N., SUITE 101 NAPLES, FL 34109		Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		Change		
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: <i>Bruce J Sickles</i> BRUCE J Sickles <i>1/19/07</i> <i>239-272-7158</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					