2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCLIMENT # N00000007525

FILED Mar 28, 2005 8:00 am Secretary of State

DOI Filt SOUTH NAPLES, FL 34102 Sale Address Dozentry Zip Country Zip Zi	1. Entity Name VILLAS ENCANTADA CONDOMINIUM ASSOCIATION, INC.								03	3-28-20	05 900	77 00)6 ****(51.25			
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Short Authors P.O. Box Number is Not Acceptable	D\##ED 0	I IDIOTALE					Name										
B. 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 Signature	300 FIFTH	IST SOUT					Street A	Address (I	P.O. Box I	Number is	Not Acce	ptable)					
8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent. Signature							City						FI	Zip (Code		
Signature, hybrid or printed harm of legistanted agent and tile if accidable. (NOTE Registrator Agent signature required when alvetating) SS.00 May Be Added to Fees Make check payable to Florida Department of State	8. The above the obligat	named entity tions of regist	y submits this statemen ered agent.	t for the purp	ose of changing its	register	t ed office o	r register	ed agent,	or both, in	n the State	of Florid		_	vith, and ad	ccept	
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State													•				
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indicated on this report or supplies with the line does not quality 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

BRUCE R. MILLER 3-25-05 239-659-0865

Date Designe Phone 6 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR