


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000007525</b>		
1. Entity Name VILLAS ENCANTADA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 300 FIFTH ST SOUTH NAPLES, FL 34102	Mailing Address 300 FIFTH ST SOUTH NAPLES, FL 34102	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RYKER, CHRISTINE D 300 FIFTH ST SOUTH NAPLES, FL 34102		
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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, LANCE 310 FIFTH ST SOUTH NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYKER, CHRISTINE D 300 FIFTH ST SOUTH NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, BRUCE R 484 3RD AVE 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		
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.		
<b>SIGNATURE:</b> <u>BRUCE R. MILLER ST</u> <u>1-13-06</u> <u>239-659-0864</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01132006 No Chg-NP CR2E037 (11/05)  
4. FEI Number 59-3706894 Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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01/20/06-80050-004 61.25

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