

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007525

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**



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3706894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RYKER, CHRISTINE D
300 FIFTH ST SOUTH
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

U00000385453

04/18/08-80014-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	THOMAS, LANCE
STREET ADDRESS	310 FIFTH ST SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	PD
NAME	RYKER, CHRISTINE D
STREET ADDRESS	300 FIFTH ST SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	ST
NAME	MILLER, BRUCE R
STREET ADDRESS	484 3RD AVE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE R. MILLER, SEC/TREASURER

Date

Daytime Phone #

4-4-08 239-206-0868