

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00011

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** VILLA FRANCISCO, INC.

**Current Principal Place of Business:**

% STEPHEN W. BUCKLEY  
2133 HEITMAN STREET  
FT. MYERS, FL 339013618

**New Principal Place of Business:**

**Current Mailing Address:**

% STEPHEN W. BUCKLEY  
2133 HEITMAN STREET  
FT. MYERS, FL 339013618

**New Mailing Address:**

**FEI Number:** 59-2456983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCKLEY, STEPHEN W.  
2133 HEITMAN ST.  
FORT MYERS, FL 33902 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:** P  
**Name:** MULLEN, MICHAEL  
**Address:** 2133 HEITMAN ST  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** D  
**Name:** LITTLE, ROBERT  
**Address:** 2140 COTTAGE ST 402  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** D  
**Name:** BUCKLEY, STEPHEN W.  
**Address:** PO BOX 2366 2201 MAIN ST  
**City-St-Zip:** FT. MYERS, FL

**Title:** D  
**Name:** CRANT, ELLIS  
**Address:** 1670 ST. CLAIR AVE.  
**City-St-Zip:** N. FT. MYERS, FL

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN W. BUCKLEY

D

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date