

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001069

FILED
Jan 12, 2007
Secretary of State

Entity Name: THE VILLAS AT ASTON GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DR #206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DR #206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3700655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT CORP.
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 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 () Delete
Name: MITCHELL, BOB
Address: 4825 ASTON GARDENS WAY #101A
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: KIELY, MARY
Address: 4825 ASTON GARDENS WAY #102A
City-St-Zip: NAPLES, FL 34109

Title: T () Delete
Name: FRY, PAT
Address: 4825 ASTON GARDENS WAY #101A
City-St-Zip: NAPLES, FL 34109

Title: V () Delete
Name: KIELY, P J
Address: 4825 ASTON GARDENS WAY, #102A
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: MERWIN, STUART
Address: 4805 ASTON GARDENS WAY #101C
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: COOPER, BILL
Address: 4825 ASTON GARDENS WAY, #A201
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BOB MITCHELL

P

01/12/2007

Electronic Signature of Signing Officer or Director

Date