


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90460 018 ****61.25

DOCUMENT # N01000004656 1. Entity Name THE VILLAS II AT PINEVIEW ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912			Mailing Address PO BOX 110156 NAPLES, FL 34108																																																																																																																																																		
2. Principal Place of Business <i>Pcs</i>		3. Mailing Address <i>Pcs</i>																																																																																																																																																			
Suite, Apt. #, etc. <i>PO Box 110156</i>		Suite, Apt. #, etc. <i>PO Box 110156</i>																																																																																																																																																			
City & State <i>Naples</i>		City & State <i>Naples</i>																																																																																																																																																			
Zip <i>33408</i>	Country <i>Collier</i>	Zip <i>33408</i>	Country <i>Collier</i>	4. FEI Number 65-1126067																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent WHITE, WILLIAM D 2310 DELLA DR NAPLES, FL 34117			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																		
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 title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SORENSEN, ANDREW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10481 SIX MILE CYPRESS PKWY.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BENSON, STEVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10481 SIX MILE CYPRESS PKWY.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURNS, ALAN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10481 SIX MILE CYPRESS PKWY.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Prisco Panza</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11324 Wine Palm Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT Myers, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP/Treasurer</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael Juncik</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11291 Wine Palm Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT Myers, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Paul Schaser</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11285 Wine Palm Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT Myers, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	SORENSEN, ANDREW		STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		CITY-ST-ZIP	FT. MYERS, FL 33912		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BENSON, STEVE		STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		CITY-ST-ZIP	FT. MYERS, FL 33912		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BURNS, ALAN R		STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		CITY-ST-ZIP	FT. MYERS, FL 33912		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Prisco Panza		STREET ADDRESS	11324 Wine Palm Rd		CITY-ST-ZIP	FT Myers, FL 33912		TITLE	VP/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Michael Juncik		STREET ADDRESS	11291 Wine Palm Rd		CITY-ST-ZIP	FT Myers, FL 33912		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Paul Schaser		STREET ADDRESS	11285 Wine Palm Rd		CITY-ST-ZIP	FT Myers, FL 33912		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	SORENSEN, ANDREW																																																																																																																																																				
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.																																																																																																																																																				
CITY-ST-ZIP	FT. MYERS, FL 33912																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	BENSON, STEVE																																																																																																																																																				
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.																																																																																																																																																				
CITY-ST-ZIP	FT. MYERS, FL 33912																																																																																																																																																				
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																																																			
NAME	BURNS, ALAN R																																																																																																																																																				
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.																																																																																																																																																				
CITY-ST-ZIP	FT. MYERS, FL 33912																																																																																																																																																				
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Delete																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Prisco Panza																																																																																																																																																				
STREET ADDRESS	11324 Wine Palm Rd																																																																																																																																																				
CITY-ST-ZIP	FT Myers, FL 33912																																																																																																																																																				
TITLE	VP/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Michael Juncik																																																																																																																																																				
STREET ADDRESS	11291 Wine Palm Rd																																																																																																																																																				
CITY-ST-ZIP	FT Myers, FL 33912																																																																																																																																																				
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
NAME	Paul Schaser																																																																																																																																																				
STREET ADDRESS	11285 Wine Palm Rd																																																																																																																																																				
CITY-ST-ZIP	FT Myers, FL 33912																																																																																																																																																				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
NAME																																																																																																																																																					
STREET ADDRESS																																																																																																																																																					
CITY-ST-ZIP																																																																																																																																																					
12. I hereby certify that the information supplied with this filing does not qualify 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.																																																																																																																																																					
SIGNATURE: <i>Paul Schaser</i> 4/9/04 (239) 939-9040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					