

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 030 ****61.25

DOCUMENT # N01000004656

1. Entity Name
THE VILLAS II AT PINEVIEW ASSOCIATION, INC.



Principal Place of Business
PCS
PO BOX 110156
NORTH PALM BEACH, FL 33408

Mailing Address
PCS
PO BOX 110156
NORTH PALM BEACH, FL 33408

50056957



2. Principal Place of Business
12734 Kenwood Ln

3. Mailing Address
12734 Kenwood Ln

Suite, Apt. #, etc. **#49**

Suite, Apt. #, etc. **#49**

05122005 Chg-NP CR2E037 (10/03)

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

Zip
33907

Country

Zip
33907

Country

4. FEI Number
65-1126067

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHITE, WILLIAM D
2310 DELA DR
NAPLES, FL 34117

7. Name and Address of New Registered Agent

Name **Tropical Isler Management**

Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Ln. #49

City **Ft. Myers** State **FL** Zip Code **33907**

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]* **Don Roedding** 5/1/05
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PANZA, PRISCO	
STREET ADDRESS	11324 WINE PALM RD.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	JURCIK, MICHAEL	
STREET ADDRESS	11251 WINE PALM RD.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHASER, PAUL	
STREET ADDRESS	11285 WINE PALM RD.	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyle Mathiot	
STREET ADDRESS	11275 Wine Palm Rd.	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Goldberg	
STREET ADDRESS	11305 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	ASm	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Roedding	
STREET ADDRESS	12734 Kenwood Ln. #49	
CITY-ST-ZIP	Ft. Myers, FL 33907	
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: *[Signature]* **Don Roedding** 5/1/05 (239) 935-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #