

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000350

FILED
Jan 10, 2006
Secretary of State

Entity Name: JULIANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANGAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 02-0557562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: PD () Delete
Name: STOCKTON, GENE
Address: 4775 SHINNECOCK HILLS CT #102
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: ALDINGER, GARY
Address: 4750 SHINNECOCK HILLS CT #101
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: COUNNAN, PETER
Address: 4805 SHINNECOCK HILLS CT #102
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: PUDLO, JAMES
Address: 4725 SHINNECOCK HILLS CT, #102
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: GALANTE, LOUIS
Address: 4825 SHINNECOCK HILLS CT #201
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change () Addition
Name: ZAJAC, DONALD
Address: 4800 SHINNECOCK HILLS CT #101
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: BARIKMO, RODNEY
Address: 4815 SHINNECOCK HILLS CT #101
City-St-Zip: NAPLES, FL 34112

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: GENE STOCKTON

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date