# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2007**
**Secretary of State**

DOCUMENT# N02000000350

**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: GALANTE, LOUIS
Address: 4825 SHINNECOCK HILLS CT #201
City-St-Zip: NAPLES, FL 34112

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: SD (X) Change ( ) Addition
Name: DISETTE, LINDA
Address: 4750 SHINNECOCK HILLS COURT #202
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 03/13/2007

Electronic Signature of Signing Officer or Director — Date