

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000350

FILED
Jan 16, 2009
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: GALANTE, LOUIS
Address: 4825 SHINNECOCK HILLS CT #201
City-St-Zip: NAPLES, FL 34112

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

Title: SD () Delete
Name: DISETTE, LINDA
Address: 4750 SHINNECOCK HILLS COURT #202
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: DASILVERIA, LUIZ
Address: 4775 SHINNECOCK HILLS CT #201
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: SD (X) Change () Addition
Name: DISETTE, LINDA
Address: 4750 SHINNECOCK HILLS CT #202
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: ZAJAC, DONALD
Address: 4800 SHINNECOCK HILLS CT #102
City-St-Zip: NAPLES, FL 34112

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

I hereby certify that the information supplied with this filing does not qualify 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: EUGENE STOCKTON

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date