2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 09, 2004 8:00 am Secretary of State DOCUMENT # N02000002330 05-03-2004 90426 013 ****61.25 PENN ESTATES VILLAS CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 3940 RADIO ROAD #108 NAPLES FL 34104 ** 3940 RADIO ROAD #108 NAPLES FL 34104 66433294 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) 200 7464 City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent RUBINELLI, FRANK J 3940 RADIO ROAD #108 NAPLES FL 34104 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of States 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTO m F ☐ Delete TITLE Change ☐ Addition RUBINELLI, FRANK J NAME NAME 3940 RADIO ROAD #108 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-21P CITY-ST-ZIP ☐ Delete TITL F ☐ Change Addition RUBINELLI, LAURA D MALAF NAME 3940 RADIO ROAD #108 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-70P CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition RUBINELLI, SALLY NAME NAME 3940 RADIO ROAD #108 STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS City-ST-ZIP 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 of the corporation or the receiver or trustee emp changed, or on an attachment with an address, CER OR DIRECTOR Daytime Phone

FILED

ATTACHMENT H NO2000002330 66433294

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 11742-9003
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Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address. Your Telephone Number

Best Time to Call

DATE OF THIS NOTICE: 08-04-2004 EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

34-2007464

0134047913

CP 575 A

3940 RADIO RD STE 108 NAPLES FL 34104 PENN ESTATES VILLA CONDOMINIUM ASSOCIATION INC