

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002848

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** VILLA TUSCANY AT PALMIRA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3927 ARNOLD AVENUE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3927 ARNOLD AVENUE  
NAPLES, FL 34104

**New Mailing Address:**

P.O. BOX 8990  
NAPLES, FL 34101

**FEI Number:** 68-0553552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPINELLI, WILLIAM  
3927 ARNOLD AVENUE  
NAPLES, FL 34104 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: SPINELLI, WILLIAM  
Address: 3927 ARNOLD AVENUE  
City-St-Zip: NAPLES, FL 34104

Title: VSD ( ) Delete  
Name: SPINELLI, THOMAS JR.  
Address: 3927 ARNOLD AVENUE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: SULLIVAN, THOMAS E  
Address: 3927 ARNOLD AVENUE  
City-St-Zip: NAPLES, FL 34104

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM SPINELLI

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date