

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90443 011 ****61.25

DOCUMENT # N02000003369

1. Entity Name
VILLA D'ESTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**10621 AIRPORT PULLING RD.
SUITE 8
NAPLES, FL 34109**

Mailing Address
**10621 AIRPORT PULLING RD.
SUITE 8
NAPLES, FL 34109**

50014816



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162006

Chg-NP

CR2E037 (11/05)

4. FEI Number
04-3685055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLEGUE, KENT
10621 AIRPORT PULLING RD
SUITE 8
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **Titus, Robert P**
Street Address (P.O. Box Number is Not Acceptable)
**10621 Airport Pulling Rd. N
Suite 8**
City **Naples** FL Zip Code **34109**

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

[Signature]

Robert P Titus

3/30/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **TORRES, DAVID**
STREET ADDRESS **28600 SAN LUCAS LANE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **DV** ☒ Delete
NAME **GRASSER, MARK**
STREET ADDRESS **28341 S TAMiami TRAIL SUITE 4**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **DST** ☒ Delete
NAME **THIRTYACRE, KENNETH S**
STREET ADDRESS **28341 S TAMiami TRAIL SUITE 4**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Mike Peirone**
STREET ADDRESS **14038 Lavante Ct.**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **John Mahoney**
STREET ADDRESS **14030 Lavante Ct.**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Janet Titus**
STREET ADDRESS **14053 Lavante Ct.**
CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Managing Agent**

3/30/06

(239) 596-18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #