

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 06, 2009
Secretary of State

DOCUMENT# N02000003369

Entity Name: VILLA D'ESTE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109**New Principal Place of Business:**LAVANTE COURT
BONITA SPRINGS, FL 34135**Current Mailing Address:**2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109**New Mailing Address:**C/O KEB MGNT SERVICES
6017 PINE RIDGE ROAD #262
NAPLES, FL 34119**FEI Number:** 04-3685055**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C & L MANAGEMENT SERVICES
2220 J AND C BLVD, SUITE 1
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**KEB MANAGEMENT SERVICES
28121 PALMIRA BLVD
BONITA SPRINGS, FL 34135 US

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: KENNETH E. BLOOM

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRONE, MIKE
Address: 14038 LAVANTE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T () Delete
Name: MAHONEY, JOHN
Address: 14030 LAVANTE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: FELLOWS, LORRAINE
Address: 14058 LAVANTE CT.
City-St-Zip: BONITA SPRINGS, FL 34134

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 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: MIKE PERRONE

D,P

04/06/2009

Electronic Signature of Signing Officer or Director

Date