2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 17, 2005 8:00 am Secretary of State 05-17-2005 90014 043 ****61.25 DOCUMENT # N02000009718 VILLAS PIENZA CONDOMINIUM ASSOCIATION, INC. 700034-Principal Place of Business Mailing Address 4840-4852 WEST BOULEVARD COURT 3109 WEST DOBSON PLACE NAPLES, FL 48105 ANN ARBOR, MI 48105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 45-0510172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 4846 WEST BOULEVARD COURT Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 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 May 10, 2005 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Fillng Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE TITLE ☐ Addition ☐ Change NAME SETTIMI, PATRICIA G NAME 4846 WEST BOULEVARD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RANDALL, JACK NAME 4852 WEST BOULEVARD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP D Delete DAVID GRAHAM TITLE ☐ Change Addition 4840 W. Boulevard Ct VALLAR, ROBERT NAME NAME 4848 WEST BOULEVARD COURT STREET ADDRESS STREET ADDRESS Naples, FL 34103 CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

PATRICIA 6. Settimi SIGNATURE: