


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-24-2006 90021 012 ****65.00

DOCUMENT # N02000009718 1. Entity Name VILLAS PIENZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4840-4852 WEST BOULEVARD COURT NAPLES, FL 48105	Mailing Address 3109 WEST DOBSON PLACE ANN ARBOR, MI 48105
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40037010



03142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0510172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SETTIMI, PATRICIA G 4846 WEST BOULEVARD COURT NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SETTIMI, PATRICIA G 4846 WEST BOULEVARD COURT NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, JACK 4852 WEST BOULEVARD COURT NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, DAVID 4840 W BOULEVARD COURT NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Patricia G. Settimi PATRICIA G. Settimi March 14 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #