

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009718

1. Entity Name
VILLAS PIENZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4840-4852 WEST BOULEVARD COURT
NAPLES, FL 48105**

Mailing Address
**3109 WEST DOBSON PLACE
ANN ARBOR, MI 48105**



03272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0510172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SETTIMI, PATRICIA G
STREET ADDRESS 4846 WEST BOULEVARD COURT
CITY-ST-ZIP NAPLES, FL 34103

TITLE D
NAME RANDALL, JACK
STREET ADDRESS 4852 WEST BOULEVARD COURT
CITY-ST-ZIP NAPLES, FL 34103

TITLE D
NAME GRAHAM, DAVID
STREET ADDRESS 4840 W BOULEVARD COURT
CITY-ST-ZIP NAPLES, FL 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000897959
04/25/08-80068-021 61.25

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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 SETTIMI** Director Villas Pienza Cond Assoc INC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

734 662 4931