

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000000273

1. Entity Name
VILLAS CALABRIA CONDOMINIUM ASSOCIATION, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90441 020 ****61.25

Principal Place of Business
591-597 4 AVE S.
NAPLES, FL 34102

Mailing Address
C/O PUTNAM MGMT
792 94 AVE N.
NAPLES, FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
42-1583658

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, DAVID
500 E KENNEDY BLVD STE 200
PUTNAM MGMT
NAPLES, FL 34108

Name *PUTNAM, DAVID*

Street Address (P.O. Box Number is Not Acceptable)

792 94 AVE. N.

City.

NAPLES

FL *34108*

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 *D. Putnam*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/26/07*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME PFEFFLE, ROBERT
STREET ADDRESS 597 4TH AVE S.
CITY-ST-ZIP NAPLES, FL 34102

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D V.P.
Egidi, Dennis
500 S. MILWAUKEE AVE #170
LIBERTYVILLE, ILL. 60048

Change Addition

TITLE DVP
NAME JONES, BOB
STREET ADDRESS 591 4TH AVE S.
CITY-ST-ZIP NAPLES, FL 34102

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
HATFIELD, TOBY
800 S. MILWAUKEE AVE. #170
LIBERTYVILLE, ILL. 60048

Change Addition

TITLE DT
NAME PFEFFLE, SUE
STREET ADDRESS 597 4TH AVE S.
CITY-ST-ZIP NAPLES, FL 34102

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME JONES, DIANE
STREET ADDRESS 591 4TH AVE S.
CITY-ST-ZIP NAPLES, FL 34102

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *D. Putnam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 239 434 2362
Date
Daytime Phone #