

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90564 010 \*\*\*\*61.25

**DOCUMENT # N03000000501**

1. Entity Name  
**VILLA FIRENZE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**389 2ND AVE S  
NAPLES, FL 34102**

Mailing Address  
**C/O FRITZ PROPERTY MGMT  
1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119-3397**



2. Principal Place of Business

3. Mailing Address

04192005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**87-0703734**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRITZ, ROBERT  
C/O FRITZ PROPERTY MGMT  
1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119-3347**

Name

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

City

**FL**

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.

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, 2005**

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

TITLE PD ☒ Delete  
NAME HAMMAR, JAMES G  
STREET ADDRESS 9853 N TAMiami TRAIL STE 218  
CITY-ST-ZIP NAPLES, FL 34108

TITLE VSTD ☒ Delete  
NAME SHIELDS, THOMAS M  
STREET ADDRESS 9853 N TAMiami TRAIL STE 218  
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP/SD ☐ Change ☒ Addition  
NAME WES PAISLEY  
STREET ADDRESS 385 SECOND AVE. S.  
CITY-ST-ZIP NAPLES, FL 34102

TITLE D ☐ Change ☒ Addition  
NAME PETER SCHREIBER  
STREET ADDRESS 389 SECOND AVE. S.  
CITY-ST-ZIP NAPLES, FL 34102

TITLE P ☐ Change ☒ Addition  
NAME RICK NEU  
STREET ADDRESS 391 SECOND AVE. S.  
CITY-ST-ZIP NAPLES, FL 34102

TITLE D ☐ Change ☒ Addition  
NAME LUCRETIA BENEK  
STREET ADDRESS 395 SECOND AVE. S.  
CITY-ST-ZIP NAPLES, FL 34102

TITLE T ☐ Change ☒ Addition  
NAME TOM ROURKE  
STREET ADDRESS 397 SECOND AVE. S.  
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RICHARD W. NEU**

**4/22/05**

**330-697-0093**