

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000501

FILED
Apr 10, 2007
Secretary of State

Entity Name: VILLA FIRENZE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 87-0703734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: PAISLEY, WES
Address: 385 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SCHREIBUTL, PETER
Address: 389 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: NEU, RICK
Address: 391 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: BENEK, LUCRETIA
Address: 395 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: T (X) Delete
Name: ROURKE, TOM
Address: 397 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROURKE, TOM
Address: 397 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: DVT (X) Change () Addition
Name: GARMER, DENNIS
Address: 387 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: DS (X) Change () Addition
Name: SCHREIBER, PETER
Address: 387 SECOND AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM ROURKE

DP

04/10/2007

Electronic Signature of Signing Officer or Director

Date