

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 010 ****61.25

DOCUMENT # N03000000501 1. Entity Name VILLA FIRENZE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4306 ARNOLD AVENUE NAPLES, FL 34104		Mailing Address PO BOX 110339 NAPLES, FL 34108	
2. Principal Place of Business - No P.O. Box # 387-397 2ND AVE. N. Suite, Apt. #, etc.		3. Mailing Address VILLA FIRENZE CONDO C/o Coastal Property Management 501 Goodlette Rd. N, Ste C-200 Naples, FL 34102	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34102		Country 	
6. Name and Address of Current Registered Agent KUETER, BEVERLY 4306 ARNOLD AVENUE NAPLES, FL 34104		7. Name and Address of New Registered Agent Coastal Property Management 501 Goodlette Rd. N, Ste C-200 Naples, FL 34102 <div style="border: 1px solid black; width: 100px; height: 20px; float: right; text-align: center; line-height: 20px;">L</div> 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 <u><i>JOHN S. GREEN, MANAGER</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/2/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP ROURKE, TOM 397 SECOND AVENUE SOUTH NAPLES, FL 34102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT GARMER, DENNIS 387 SECOND AVENUE SOUTH NAPLES, FL 34102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREAS <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SCHREIBER, PETER 387 SECOND AVENUE SOUTH NAPLES, FL 34102 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. JIM WHITEMAN 391 SECOND AVENUE SOUTH NAPLES, FL 34102 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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 my address, with all other like empowered.			
SIGNATURE: <u><i>JOHN S. GREEN</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/2/08</u> <u>239/34-7077</u> <small>Date Daytime Phone #</small>	