


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

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90020 027 ****61.25

DOCUMENT # N04000002246 1. Entity Name AVELLINO ISLES CONDOMINIUM ASSOCIATION INC	
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Principal Place of Business 75 VINEYARDS BLVD. NAPLES, FL 34119	Mailing Address 75 VINEYARDS BLVD. NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1906478	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PMP OF SW FLORIDA, INC
75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAADEH, MICHEL 75 VINEYARDS BLVD. 5 th FL NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROGERS, ROBERT 75 VINEYARDS BLVD. 5 th FL NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, Michael 75 Vineyards Blvd. 5 th FL Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael Sadaeh **1-25-08** **(239) 353-1551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #