


FILED
Jul 20, 2005 8:00 am
Secretary of State

05-04-2005 90126 019 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66024854

DOCUMENT # N0400009102			
1. Entity Name VILLAS AMANTEA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1336 W FLETCHER AVE TAMPA, FL 33612		Mailing Address 1336 W FLETCHER AVE TAMPA, FL 33612	
2. Principal Place of Business 592 3RD AVE. SOUTH		3. Mailing Address 592 3RD AVE. S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL.		City & State NAPLES, FL.	
Zip 34102		Zip 34102	
Country USA		Country USA	
4. FEI Number 20-1655472		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIASON, MARION P 500 E KENNEDY BLVD STE 200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: MARILYN MILLER-BOSLEY (PRINCIPAL) Street Address (P.O. Box Number is Not Acceptable): 592 3RD AVE. SOUTH City: NAPLES FL Zip Code: 34102	
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>Marilyn Miller Bosley</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		DATE: <u>4-29-05</u> <small>NOTE: Registered Agent signature required with reissuing.</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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	DPT MINCEY, DONALD R 1336 W FLETCHER AVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MARILYN MILLER BOSLEY 592 3RD AVE. SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINCEY, DIANNE F 1336 W FLETCHER AVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE McCLUSKY 590 3RD AVE. SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CROWDER, SHEFFIELD L 1336 W FLETCHER AVE TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Kim McCLUSKY 590 3RD AVE. SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PAUL R. BOSLEY, JR. 592 3RD AVE. SOUTH NAPLES, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Marilyn Miller Bosley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>7-29-05</u> 239-821-1000 <small>Date Daytime Phone #</small>	

ATTACHMENT

06024854

Villas Amante Condominium Assoc, Inc.

Document # NO4000009102

The \$61.²⁵/₁₀₀ was paid in May.

Sincerely yours,

M. Mullis-Bosley