


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90023 037 ****61.25

DOCUMENT # N05000000144 1. Entity Name VILLA AVELLINO, INC.					
Principal Place of Business 4158 LORRAINE AVENUE - NAPLES, FL 34104			Mailing Address 4158 LORRAINE AVENUE NAPLES, FL 34104		
2. Principal Place of Business 572 11th Avenue South Suite, Apt. #, etc.		3. Mailing Address 572 11th Avenue South Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida			
Zip 34102	Country USA	Zip 34102	Country USA		
6. Name and Address of Current Registered Agent SIESKY, JAMES H Y 1000 TAMiami TRAIL NORTH SUITE 201 NAPLES, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="text-align: right;"><small>DATE</small></div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME VAN DEN TOP, MAAS		<input type="checkbox"/> Delete		
STREET ADDRESS 572 11TH AVE. SOUTH	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VSD	NAME BRANSILVER, EDWARD		<input type="checkbox"/> Delete		
STREET ADDRESS 552 11TH AVE. SOUTH	CITY-ST-ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD	NAME GREIFF, JAMES D		<input type="checkbox"/> Delete		
STREET ADDRESS 2150 ARIELLE DR. #505	CITY-ST-ZIP NAPLES, FL 34109		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS NAME		<input type="checkbox"/> Delete		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>MAAS VAN DEN TOP</u> 3/17/06 (239) 403 9870 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone #</small> </div>					