

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000000306
 1. Entity Name
MARSH WREN VILLA ASSOCIATION, INC.



Principal Place of Business
 4200 GULF SHORE BOULEVARD NORTH
 NAPLES, FL 34103

Mailing Address
 4200 GULF SHORE BOULEVARD NORTH
 NAPLES, FL 34103



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREGORY, C. NEIL ESQ.
850 PARK SHORE DRIVE
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUTGERT, KURT M	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY, SUITE 109	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD J	
STREET ADDRESS	4200 GULF SHORE BOULEVARD NORTH	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MULLINS, LARRY	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY, SUITE 109	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GUTMAN, HOWARD B	
STREET ADDRESS	4200 GULF SHORE BOULEVARD NORTH	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD J	
STREET ADDRESS	4200 GULF SHORE BOULEVARD NORTH	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000487321	
CITY-ST-ZIP	04/13/06-80073-012 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Laurence A. Mullins **LAURENCE A. MULLINS** 3/30/06 239-403-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #