


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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
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	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	PD LUTGERT, KURT M	2600 GOLDEN GATE PARKWAY, SUITE 109	NAPLES, FL 34105		
	VD BAKER, RICHARD J	4200 GULF SHORE BOULEVARD NORTH	NAPLES, FL 34103		
	VD MULLINS, LARRY	2600 GOLDEN GATE PARKWAY, SUITE 109	NAPLES, FL 34105		
	VS GUTMAN, HOWARD B	4200 GULF SHORE BOULEVARD NORTH	NAPLES, FL 34103		
	S BAKER, RICHARD J	4200 GULF SHORE BOULEVARD NORTH	NAPLES, FL 34103		
				Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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>Laurence A. Mullins</u> LAURENCE A. MULLINS <u>3/10/06</u> <u>239-403-6777</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					