

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

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000005558**

1. Entity Name  
**MODENA PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3884 PROGRESS AVE  
NAPLES, FL 34104**

Mailing Address  
**3884 PROGRESS AVE  
NAPLES, FL 34104**



02192008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3003267**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DR  
NAPLES, FL 34103**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ELLIOTT, RANDY C
STREET ADDRESS	3884 PROGRESS AVE
CITY- ST- ZIP	NAPLES, FL 34104
TITLE	D
NAME	ILLUM, JAMES
STREET ADDRESS	3884 PROGRESS AVE
CITY- ST- ZIP	NAPLES, FL 34104
TITLE	D
NAME	GALIETTI, RALPH L
STREET ADDRESS	7661 KNIGHTWING CIR
CITY- ST- ZIP	FT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000854190  
03/26/08-80100-014 61.25

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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:** *Randy C. Elliott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*13-06-08 (239)643-5758*  
Date Daytime Phone #