

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05329

FILED
Jan 16, 2009
Secretary of State

Entity Name: VILLA LANTANA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2445254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUNGO, JAMES
Address: 7063 VILLA LANTANA WAY
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: BUCK, NAOMI
Address: 7062 VILLA LANTANA WAY
City-St-Zip: NAPLES, FL 34108

Title: STD () Delete
Name: DAVIS, RICHARD
Address: 7068 VILLA LANTANA WAY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: WEISKITTEL, CAROL
Address: 7064 VILLA LANTANA WAY
City-St-Zip: NAPLES, FL 34108

Title: VD (X) Change () Addition
Name: DAVIS, RICHARD
Address: 7068 VILLA LANTANA WAY
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LUNGO

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date