

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004668

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** VIA VENETO AT TREVISO BAY NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

14895 BELLEZZA LANE  
NAPLES, FL 34110

**New Principal Place of Business:**

4306 ARNOLD AVENUE  
NAPLES, FL 34104

**Current Mailing Address:**

14895 BELLEZZA LANE  
NAPLES, FL 34110

**New Mailing Address:**

PO BOX 110339  
NAPLES, FL 34108

FEI Number: 26-1398891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRABINSKI, MATHEW L ESQ  
4001 TAMiami TRAIL NORTH, STE. 300  
GOODLETTE, COLEMAN & JOHNSON  
NAPLES, FL 34103 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: D ( ) Delete  
Name: RUBINTON, JON  
Address: 14895 BELLEZZA LANE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: RUBINTON, GEORGE  
Address: 14895 BELLEZZA LANE  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: LEAMING, KATHRYN  
Address: 14895 BELLEZZA LANE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: JON RUBINTON

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date