

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011057

FILED
Apr 30, 2008
Secretary of State

Entity Name: VILLA GRANDE AT BURNT STORE ISLES, INC.

Current Principal Place of Business:

5770 SHIRLEY STREET
NAPLES, FL 34109

New Principal Place of Business:

5495 BRYSON DRIVE
423
NAPLES, FL 34109

Current Mailing Address:

5770 SHIRLEY STREET
NAPLES, FL 34109

New Mailing Address:

5495 BRYSON DRIVE
423
NAPLES, FL 34109

FEI Number: 20-5782303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIESKY, JAMES H
1000 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FL 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: FRECHETTE, DENNIS P
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: FRECHETTE, LISA M
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: DEL DUCA, MICHAEL
Address: 5770 SHIRLEY STREET
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRECHETTE, DENNIS P
Address: 5495 BRYSON DRIVE SUITE 423
City-St-Zip: NAPLES, FL 34109

Title: PD (X) Change () Addition
Name: HINDS, MARJORIE A
Address: 5495 BRYSON DRIVE SUITE 423
City-St-Zip: NAPLES, FL 34109

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: MARJORIE HINDS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date