



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # N09850</b> 1. Entity Name <b>OLDE WESTLAKE VILLAS, INC.</b>				
Principal Place of Business <b>400 7TH AVE S NAPLES, FL 34102 US</b>		Mailing Address <b>400 7TH AVE S NAPLES, FL 34102 US</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 04162005 No Chg-NP CR2E037 (10/03)
		4. FEI Number <b>65-0138276</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FARREN, FRANK J 400 7TH AVE S NAPLES, FL 34102</b>		<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FARREN, FRANK J 400 7TH AVE S NAPLES, FL 34102			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REYNOLDS, ANN 704 WEST LAKE DR NAPLES, FL 34102			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PROLMAN, KARIN 296 7TH AVE S NAPLES, FL 34102			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Frank J. Farren</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/17/05 238-434-0579 <small>Date Daytime Phone #</small>		