

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N09850

1. Entity Name
OLDE WESTLAKE VILLAS, INC.



Principal Place of Business

**400 7TH AVE S
NAPLES, FL 34102 US**

Mailing Address

**400 7TH AVE S
NAPLES, FL 34102 US**



03032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0138276

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARREN, FRANK J
400 7TH AVE S
NAPLES, FL 34102**

**DO NOT WRITE
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 restatesting)

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

U00000952488
06/04/08-80082-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FARREN, FRANK J
STREET ADDRESS	400 7TH AVE S
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TD
NAME	REYNOLDS, ANN
STREET ADDRESS	704 WEST LAKE DR
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	SD
NAME	BOYD, CRAIG
STREET ADDRESS	525 MORRIS LANE
CITY-ST-ZIP	BERWYN, PA 19312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Frank J Farren **FRANK J FARREN, PRES** 3/5/08 239-434-0579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #