

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11545

FILED
Apr 27, 2005
Secretary of State

Entity Name: VILLAGE WEST OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 110339
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 110339
NAPLES, FL 34108

New Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108

FEI Number: 59-2623585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 US

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: BEVERLY KUETER

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHOOLEY, JENNIFER
Address: 4934 WEST BLVD
City-St-Zip: NAPLES, FL

Title: DVP () Delete
Name: SCHOOLEY, KENT
Address: 4934 WEST BLVD
City-St-Zip: NAPLES, FL

Title: DST () Delete
Name: HARRISON, STEVE
Address: 4940 WEST BLVD
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHOOLEY, JENNIFER
Address: 4934 WEST BLVD.
City-St-Zip: NAPLES, FL 34103

Title: DVP (X) Change () Addition
Name: SCHOOLEY, KENT
Address: 4934 WEST BLVD.
City-St-Zip: NAPLES, FL 34103

Title: DST (X) Change () Addition
Name: HARRISON, STEVE
Address: 4940 WEST BLVD.
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNIFER SCHOOLEY

D/P

04/27/2005

Electronic Signature of Signing Officer or Director

Date