

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11545

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4306 ARNOLD AVENUE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 110339  
NAPLES, FL 34108

**New Mailing Address:**

**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:**

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

Title: DS ( ) Delete  
Name: SCHOOLEY, KENT  
Address: 4934 WEST BLVD.  
City-St-Zip: NAPLES, FL 34103

Title: DT ( ) Delete  
Name: HARRISON, STEVE  
Address: 4940 WEST BLVD.  
City-St-Zip: NAPLES, FL 34103

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

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

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

Title: DST (X) Change ( ) Addition  
Name: SPAIC, MIKE  
Address: 4946 WEST BLVD.  
City-St-Zip: NAPLES, FL 34103

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: JENNIFER SCHOOLEY

P

04/23/2009

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

\_\_\_\_\_  
Date