## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 02, 2007 8:00 am **Secretary of State DOCUMENT # N11589** 05-02-2007 90084 026 \*\*\*\*61.25 LUGÁNO VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PHIL WESTLEY C/O PHIL WESTLEY 40100 5930 VIA LUJANO STE 301 5930 VIA LUJANO STE 301 NAPLES, FL 34108 NAPLES, FL 34108 Suite, Apt. #, etc. 01082007 Cha-NP CR2E037 (12/06) 4. FEI Number 59-2371146 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WESTLEY, PHIL O. Boy Number is Not Acceptable) **5930 VIA LUJANO** STE 301 NAPLES, FL 34108 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. Tarn familiar with, and accept the obligations of registered agent. SIGNATURE .. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Jim Berutti Lugano #304 TD TITLE Addition ☐ Delete TITLE NAME BERGMAN, JOHN NAME 5930 VIA LUGANO # 204 STREET ADDRESS STREET ADDRESS Naples, FL 34108 NAPLES, FL 34108 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Don Birney Lugano #305 PFLEAUMER, TERESA NAME NAME 5940 VIA LLUGANO #304 STREET ADDRESS STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change 🗖 Addition Lorraine Albanesi # 204 5880 Via Lugano # 204 Naples, FL 34108 WESTLEY, PHIL NAME NAME 5930 VIA LAGANO 701 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP **Addition** ☐ Delete TITLE ☐ Change Theresa Brown NAME NAME 5893 Via Lugano STREET ADDRESS STREET ADDRESS Naples, FL 34108 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTI F □ Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attact present with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED HAND OF SIGNATURE AND TYPED OR PRINTED HAND OF SIGNATURE OR DIRECTOR

SIGNATURE:

**FILED** 

2-14-07

239.594.7446