

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11589

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** LUGANO VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 59-2371146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, SUSAN L  
1035 COLLIER CENTER WAY  
STE #7  
NAPLES, FL 34110 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: T  
Name: NAWROCKI, MIKE  
Address: 5930 VIA LUGANO #304  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: PFLAUMER, TERESA  
Address: 5940 VIA LUGANO #304  
City-St-Zip: NAPLES, FL 34108

Title: DP  
Name: WESTLEY, PHIL  
Address: 5930 VIA LAGANO #301  
City-St-Zip: NAPLES, FL 34108

Title: DS  
Name: BERUTTI, JIM  
Address: 5890 VIA LUGANO #304  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: BIRNEY, DON  
Address: 5930 VIA LUGANO #305  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: WALKER, ROSS  
Address: 5901 VIA LUGANO  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: PHIL WESTLEY

PRES

04/19/2011

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

\_\_\_\_\_  
Date