

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13571

FILED  
Aug 31, 2010  
Secretary of State

**Entity Name:** THE VILLAGE FALLS AT NAPLES, INC.

**Current Principal Place of Business:**

C/O ASSOCIATES REAL ESTATE SERVICES INC.  
5039 E. TAMIAMI TR.  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ASSOCIATES REAL ESTATE SERVICES INC.  
5039 E. TAMIAMI TR.  
NAPLES, FL 34113 US

**New Mailing Address:**

**FEI Number:** 59-2652541      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ASSOCIATES REAL ESTATE SERVICES INC.  
5039 E. TAMIAMI TR.  
NAPLES, FL 34113 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: PD  
Name: SAUNDERS, H.J.  
Address: 5025 TAMIAMI TRAIL E  
City-St-Zip: NAPLES, FL 34113

Title: D  
Name: HOURAN, BRUCE G  
Address: 4997 TAMIAMI TRAIL E  
City-St-Zip: NAPLES, FL 34113

Title: SD  
Name: MILLER, JON W  
Address: 7778 SAVANNAH COURT  
City-St-Zip: NAPLES, FL 34104

Title: VPD  
Name: HAUSIN, ROBERT  
Address: 4987 TAMIAMI TR E  
City-St-Zip: NAPLES, FL 34113

Title: TD  
Name: RAY, LARRY  
Address: 3710 MAIR WOODS WAY  
City-St-Zip: NAPLES, FL 34116

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: ALLEN F. RICHARDSON

MNG

08/31/2010

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

\_\_\_\_\_  
Date