2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15641

FILED Apr 26, 2005 Secretary of State

Entity Name: VILLA MARE HOMEOWNERS ASSOCIATION, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
	7 VILLA MARE LN. FL 34103 US	
Current Mailing Address:		New Mailing Address:
P.O. BOX NAPLES,	9497 FL 34101 US	
El Number	r: 59-2681735 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1985 E TA	EPHEN FINANCIAL INC. AMIAMI TRAIL FL 34113 US	
	e named entity submits this statement for the pu e of Florida.	rpose of changing its registered office or registered agent, or l
SIGNATU	RE:	
	Electronic Signature of Registered Ager	t Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC
Fitle: Name: Address: Dity-St-Zip:	VTD () Delete SMITH, DON 4701 VILLA MARE LN NAPLES, FL 34103 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: Dity-St-Zip:	PD () Delete KIRK, ROBERT C 4737 VILLA MARE' LANE NAPLES, FL 34103 US	Title: PD (X) Change () Addition Name: NIPP, SUE Address: 4709 VILLA MARE LANE City-St-Zip: NAPLES, FL 34103 US
Fitle: Name: Address: Dity-St-Zip:	SD () Delete BOUCHER, ROGER 10823 TAMIAMI TRAIL NO, SUITE H NAPLES, FL 34108 US	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete LEUTHEUSER, HAROLD 303 RIVER STREET HILLSDALE, MI US	Title: D (X) Change () Addition Name: HARRIS, SCOTT Address: 4718 VILLA MARE LN City-St-Zip: NAPLES, FL 34103 US
Γitle: Name:	DST () Delete SARNO, NED 4708 VILLA MARE LANE	Title: D (X) Change () Addition Name: SARNO, NED Address: 4708 VILLA MARE LANE City-St-Zip: NAPLES, FL 34103 US
Address: City-St-Zip:	NAPLES, FL 34103 US	

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: SUE NIPP PD 04/26/2005