2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N15641

Entity Name: VILLA MARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4700-4737 VILLA MARE LN.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9497
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2681735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN
COLLIER FINANCIAL INC.
4985 E TAMIAMI TRAIL
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: VTD ( ) Delete
Name: SMITH, DON
Address: 4701 VILLA MARE LN
City-St-Zip: NAPLES, FL 34103 US

Title: PD ( ) Delete
Name: NIPP, SUE
Address: 4709 VILLA MARE LANE
City-St-Zip: NAPLES, FL 34103 US

Title: SD ( ) Delete
Name: BOUCHER, ROGER
Address: 10823 TAMIAMI TRAIL NO, SUITE H
City-St-Zip: NAPLES, FL 34108 US

Title: D (X) Delete
Name: HARRIS, SCOTT
Address: 4718 VILLA MARE LN
City-St-Zip: NAPLES, FL 34103 US

Title: D ( ) Delete
Name: SARNO, NED
Address: 4708 VILLA MARE LANE
City-St-Zip: NAPLES, FL 34103 US

Title: D ( ) Delete
Name: EBY, ART
Address: 4704 VILLA MARE LANE
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: HARRIS, SCOTT
Address: 4718 VILLA MARE LN
City-St-Zip: NAPLES, FL 34103 US

Title: SD (X) Change ( ) Addition
Name: MILLSTEIN, JACK
Address: 4720 VILLA MARE LN
City-St-Zip: NAPLES, FL 34103 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT HARRIS PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date