

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18978

FILED
Apr 21, 2005
Secretary of State

Entity Name: VILLAS RAPHAEL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

66-68 SEAGATE DR
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9709
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2835923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUCHER, ROGER
PELICAN BAY PROP MGMT
10823 TAMiami TRAIL N #4
NAPLES, FL 34109 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: STD () Delete
Name: KAMMERAAD, BOB
Address: P.O. BOX 493005
City-St-Zip: NAPLES, FL 34101

Title: VD () Delete
Name: CAMPBELL, DOUGLAS
Address: P.O. BOX 413003
City-St-Zip: NAPLES, FL 34101

Title: PD () Delete
Name: WALTRIP, WILLIAM
Address: 88 SEAGATE DR
City-St-Zip: NAPLES, FL 34103

Title: DV () Delete
Name: VONSCHREINER, HEINRICH
Address: 82 SEAGATE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VPD (X) Change () Addition
Name: SMITH, ALBERT J
Address: 9035 PICKWICK DR
City-St-Zip: INDIANAPOLIS, IN 46260

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: WILLIAM WALTRIP

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date