

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90028 022 \*\*\*\*61.25

<b>DOCUMENT # N19726</b>					
1. Entity Name VILLA D'ESTE AT PRESTANCIA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2828 CLARK RD. STE. #7 SARASOTA, FL 34231		Mailing Address 3412 CLARK ROAD PMB #236 SARASOTA, FL 34231-8406 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2822748	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE BARLOW GROUP INC 2828 CALRK RD STE #7 SARASOTA, FL 34231			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Frank Brock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMPE, THOMAS J		NAME	3412 Clark Rd #236	
STREET ADDRESS	3412 CLARK RD., PMB #236		STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	Clive Burnett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEIST, JONE B		NAME	3412 Clark Rd #236	
STREET ADDRESS	3412 CLARK ROAD PMB #236		STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	James Goodale	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, DAN		NAME	3412 Clark Rd #236	
STREET ADDRESS	3412 CLARK ROAD PMB #236		STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELKA, DAVID W		NAME		
STREET ADDRESS	3412 CLARK ROAD PMB #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILCH, ANDREA		NAME		
STREET ADDRESS	3412 CLARK ROAD PMB #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAEPEL, ROBERT S		NAME		
STREET ADDRESS	3412 CLARK RD #236		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date _____ Daytime Phone # _____</span>					