

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22043

FILED
Feb 26, 2008
Secretary of State

Entity Name: VILLA FLORESTA ASSOCIATION, INC.

Current Principal Place of Business:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

98 WYNDEMERE WAY
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0018236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAUSNIGHT, MARY JO
98 WYNDEMERE WAY
NAPLES, FL 34105 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: SD () Delete
Name: HAGMAN, DOROTHY
Address: 224 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: FOSTER, BOB
Address: 120 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: PD () Delete
Name: DOUGHERTY, WILLIAM
Address: 171 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: CORRIERO, RICHARD
Address: 160 VIA NAOPLI
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: LOWER, MARTIN
Address: 116 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: FOSTER, JEAN
Address: 120 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: PD (X) Change () Addition
Name: DAVIDIAN, MICHAEL
Address: 131 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: HADDAD, GEORGE
Address: 219 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: TD (X) Change () Addition
Name: LANDIS, TOM
Address: 108 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: DAVIES, JAMES
Address: 216 VIA NAPOLI
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL DAVIDIAN

P

02/26/2008

Electronic Signature of Signing Officer or Director

Date