


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25043</b>		
1. Entity Name VILLA VIZCAYA HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 4800 AIRPORT RD. NAPLES, FL 34105	Mailing Address P.O. BOX 7665 NAPLES, FL 34101	



02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0216782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FOSTER, JAMES B 4727 VIA CARMEN NAPLES, FL 33942-5622
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11/16/05 232149  
02/16/05-80062-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, DAVID 4714 VIA CARMEN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMITZ, ROBERT 4741 VIA CARMEN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOY, LOREN 4737 VIA CARMEN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, JAMES 4727 VIA CARMEN NAPLES, FL 33942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST UDEL, MARY 4749 VIA CARMEN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** JAMES B. FOSTER *James B. Foster* 2/02/05 239-434-7050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #