

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25799

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** VIA DELFINO CONDOMINIUM ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1221 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

2335 9TH STREET NORTH, STE. 505  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 65-0130658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GULF VIEW PROPERTY MANAGEMENT, INC.  
2335 9TH ST N  
SUITE 505  
NAPLES, FL 34103 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  
Name: WOLFE, ALICE  
Address: 3704 N CHARLES ST #603  
City-St-Zip: BALTIMORE, MD 21218

Title: D  
Name: WEISS, ALLEN  
Address: 1221 GULF SHORE BLVD NORTH #902  
City-St-Zip: NAPLES, FL 34102

Title: VPD  
Name: GUYETTE, ROBERT  
Address: 1221 GULF SHORE BLVD NORTH #803  
City-St-Zip: NAPLES, FL 34102

Title: PD  
Name: STILSON, WILLIAM  
Address: 7305 STUMP HOLLOW LN  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: D  
Name: MORIARTY, JOHN  
Address: 1221 GULF SHORE BLVD. N., #203  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM STILSON

PD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date