

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/ **FILED**
Mar 20, 2006 8:00 am
Secretary of State

03-03-2006 90095 050 ****61.25

DOCUMENT # N92000000657 1. Entity Name THE VILLAGES AT EMERALD LAKES FOUR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109 US			Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0364595	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALK, STEVEN 850 PARK SHORE 3RD FLOOR NAPLES, FL 34103				7. Name and Address of New Registered Agent 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) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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	DTS		TITLE	AS	
NAME	ALLEY, NORMA <input checked="" type="checkbox"/> Delete		NAME	MODUGNO, DONNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	7713 JEWEL LN #204		STREET ADDRESS	7731 JEWEL LANE #103	
CITY - ST - ZIP	NAPLES, FL 34109		CITY - ST - ZIP	NAPLES, FL 34109	
TITLE	DP <input type="checkbox"/> Delete		TITLE		
NAME	PROUTY, ROBERT		NAME		
STREET ADDRESS	7719 JEWEL LANE SUITE 104		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34109		CITY - ST - ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE		
NAME	ROSER, JOAN		NAME		
STREET ADDRESS	7731 JEWEL LANE #104		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34109		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 the empowered.					
SIGNATURE: <u>Robert J. Prouty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/15/06</u> <u>596-1886</u> <small>Date Daytime Phone #</small>		



ATTACHMENT

66005862

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
MAR 12 2006
American Property Mgmt

March 7, 2006

THE VILLAGES AT EMERALD LAKES FOUR CONDOMINIUM ASSOCIAT
10621 AIRPORT PULLING RD N
SUITE 8
NAPLES, FL 34109 US

Subject: **THE VILLAGES AT EMERALD LAKES FOUR CONDOMINIUM**

Reference Number: **N92000000657**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION