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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 5:56

**DOCUMENT # N93000000136 (2)**

1. Corporation Name

**VILLA VERONA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>100 VINEYARD BLVD NAPLES FL 33999</b>	Mailing Address <b>100 VINEYARD BLVD NAPLES FL 33999</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1993</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>65-0404336</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**VINEYARDS SERVICES INC  
100 VINEYARDS BLVD  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D/P</b>
NAME	<b>MARY LOU DANE</b>
STREET ADDRESS	<b>100 VINEYARDS BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>VP/D</b>
NAME	<b>CARL HERREN</b>
STREET ADDRESS	<b>100 VINEYARD BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>SD</b>
NAME	<b>MICHAEL SAADEH</b>
STREET ADDRESS	<b>100 VINEYARD BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL 33999</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VPD Sciarrino, Tony</b>
2.3 STREET ADDRESS	<b>72 Fountain Circle</b>
2.4 CITY - ST - ZIP	<b>Naples, FL 33999</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JD Jennings, Keith</b>
3.3 STREET ADDRESS	<b>82 Fountain Circle</b>
3.4 CITY - ST - ZIP	<b>Naples, FL 33999</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Lou Dane DATE: 3/29/95 (810) 353-5712  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR