

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000000136 (2)

1. Corporation Name

VILLA VERONA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

100 VINEYARD BLVD  
NAPLES FL 33999

100 VINEYARD BLVD  
NAPLES FL 33999

3. Date Incorporated or Qualified  
01/12/1993

3a. Date of Last Report  
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0404336

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINEYARDS SERVICES INC  
100 VINEYARDS BLVD  
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D/P                | <input checked="" type="checkbox"/> DELETE |
| NAME           | MARY LOU DANE      |  |
| STREET ADDRESS | 100 VINEYARDS BLVD |  |
| CITY-ST-ZIP    | NAPLES FL          |  |
| TITLE          | VP/D               | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCIARRINO, TONY    |  |
| STREET ADDRESS | 72 FOUNTAIN CIRCLE |  |
| CITY-ST-ZIP    | NAPLES FL          |  |
| TITLE          | TD                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | JENNINGS, KEITH    |  |
| STREET ADDRESS | 82 FOUNTAIN CIRCLE |  |
| CITY-ST-ZIP    | NAPLES FL          |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

|                   |                      |  |
|-------------------|----------------------|--|
| 11 TITLE          | PD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | Tony Sciarrino       |  |
| 13 STREET ADDRESS | 72 Fountain Circle   |  |
| 14 CITY-ST-ZIP    | Naples, FL 33999     |  |
| 21 TITLE          | VTD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | Anthony Solis        |  |
| 23 STREET ADDRESS | 5899 Fountain Circle |  |
| 24 CITY-ST-ZIP    | Naples, FL 33999     |  |
| 31 TITLE          | SD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME           | Don Crocker          |  |
| 33 STREET ADDRESS | 61 Fountain Circle   |  |
| 34 CITY-ST-ZIP    | Naples, FL 33999     |  |
| 41 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                      |  |
| 43 STREET ADDRESS |                      |  |
| 44 CITY-ST-ZIP    |                      |  |
| 51 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                      |  |
| 53 STREET ADDRESS |                      |  |
| 54 CITY-ST-ZIP    |                      |  |
| 61 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                      |  |
| 63 STREET ADDRESS |                      |  |
| 64 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

Day, Time Phone #

CR2E037 (12/95)