FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Würtham

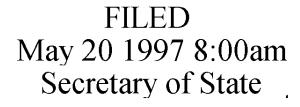
Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT #

N9300000136 (2)

VILLA VERONA HOMEOWNERS ASSOCIATION, INC.

Principal	Place	oľ	Business	





rancipal riace of business	Mailing Address		·			
100 VINEYARD BLVD NAPLES FL 33999	100 VINEYARD BLVD NAPLES FL 34119-4722					
			3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last Report 02/16/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		65-0404336	Not Applicable		
	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip . Country	Zip	Qountry	8. This corporation has liability for i			
24 . 25	29	30		Yes No		
9. Name and Address of Current R	egistered Agent		10. Name and Address of New Re	gistered Agent		
		81 Name				
	VINEYARDS SERVICES INC			Address (P.O. Box Number is Not Acceptable)		
100 VINEYARDS BLVD						
NAPLES FL 39999		83 ATTA	J: KIM COOMER, PRO	PERTY MER.		
		84 City		85 Zip Çode		
11 Pursuant to the provisions of Socilors 617 0502 o	nd 617 1500 Florido Statuta	o the shous semed	correction a hardte this statement for the	FL 34119		
Pursuant to the provisions of Sections 617.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	florida. Such change was a	uthorized by the corp	corporation submits this statement for the population's board of directors. I hereby accep	orpose of changing its registered		
1	ns of, Section 617.0503, Fig	irida Statutes.				
SIGNATURE Signature, lyped or printed name of registered agent ar	id little if applicable (NOTE	: Registered Agent signature	required when re-netation)	DATE		
12. OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	18.	ADDITIONS/CHANGES 10 OFFICE			
TITLE PD	☐ DELETE	1.1 TOLE		ERS AND DIRECTORS IN 12 Change Addition		
NAME SCIARRINO, TONY		1.2 NAME				
STREET ADDRESS 72 FOUNTAIN CIRCLE		1.3 STREET ADDRESS	1	·		
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP		Change T Addition		
THILE VID	☐ DELETE	2.1 TITLE	TREASURER D	Change Addition		
NAME SOLIS, ANTHONY		2.2 NAME	sons Anthony			
STREET ADDRESS 5899 FOUNTAIN CIRCLE		2.3 STREET ADDRESS	5899 Foundain	axtee		
CITY-ST-ZIP NAPLES FL		2. 4 CITY - S1 - ZIP	NADIES, FI 34	119		
TITLE SD	☐ DELETE	3.1 TITLE	VICE PRESIDENT D	Change Addition		
NAME CROCKER, DON		3.2 NAME	DON CROCKER	rele		
STREET ADDRESS 61 FOUNTAIN CIRCLE OITY-ST-ZIP NAPLES FL		3.3 STREET ADDRESS	61 Foundain	N. S. C.		
	DELETE	3.4. CITY-S1-ZIP	NATIONS, FI 341	74		
TITLE NAME	☐ DETE IE	4.1 TITLE	,	☐ Change ☐ Addition		
STREET ADDRESS		4.2 NAME				
CITY-ST-ZIP		4.3 STREET ADDRESS		i		
TITLE	DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition		
NAME	E-1 OFFETE	5.2 NAME		Change Addition		
STREET ADDRESS		5.3 STREET ADDRESS				
City-St-ZiP		5.4 CITY-ST-ZIP		ļ		
TITLE	DELETE	6.1 TITLE		Change - Roomon		
NAME	$\int_{0}^{\infty} dx dx$	6.2 NAME				
STREET ADDRESS	1-	6.3 STREET ADDRESS				
CITY-ST-ZIP	// /	6.4 CITY-ST-ZIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental appeal 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 13 if changed, or on an attachment with an address.