

FILE NOW: FILING FEE IS \$61.25

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**Apr 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000136 (2)
 1. Corporation Name
VILLA VERONA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
100 VINEYARD BLVD NAPLES FL 33909		100 VINEYARD BLVD NAPLES FL 33999	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
01/12/1993

4. FEI Number
65-0404336

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**VINEYARDS SERVICE INC
 100 VINEYARDS BLVD
 ATTN: KIM COOMER, PROPERTY MGR
 NAPLES FL 34119**

10. Name and Address of New Registered Agent

81 Name **PROPERTY MANAGER PROFESSIONALS**
 82 Street Address (P.O. Box Number is Not Acceptable) **100 Vineyards Boulevard**
 83 **ATTN Kim Coomer**
 84 City **NAPLES** FL 85 Zip Code **34119**

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 **Kimberly D. Coomer** DATE **3/28/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCIARRINO, TONY	
STREET ADDRESS	72 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SOLIS, ANTHONY	
STREET ADDRESS	5899 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CROCKER, DON	
STREET ADDRESS	61 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		

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	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Eleanor ASHBAUGH
3.3 STREET ADDRESS	68 FOUNTAIN CIRCLE
3.4 CITY-ST-ZIP	NAPLES, FL 34119
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 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 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: **Eleanor Ashbaugh** **March 13, 1998**

CF2E037 (10/97)