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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000136

1. Corporation Name

VILLA VERONA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

100 VINEYARD BLVD
NAPLES FL 33999

Mailing Address

100 VINEYARD BLVD
NAPLES FL 33999



2. Principal Place of Business

21 100 VINEYARDS BLVD

2a. Mailing Address

26 100 VINEYARDS BLVD.

3. Date Incorporated or Qualified

01/12/1993

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY MANAGEMENT PROFESSIONALS
100 VINEYARDS BLVD
ATTN: KIM COOMER
NAPLES FL 34119

81 Name

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

83 ATTN: NANCY WINKLER

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 Nancy Winkler NANCY WINKLER, ASSOCIATION MANAGER 3/27/99
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 PD
NAME SCIARRINO, TONY
STREET ADDRESS 72 FOUNTAIN CIRCLE
CITY-ST-ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SOLIS, ANTHONY
STREET ADDRESS 5899 FOUNTAIN CIRCLE
CITY-ST-ZIP NAPLES FL

2.1 TITLE VD
2.2 NAME ROSEMARY Walley
2.3 STREET ADDRESS 94 Fountain Circle
2.4 CITY-ST-ZIP Naples, FL 34119

TITLE TD
NAME ASHBAUGH, ELEANOR
STREET ADDRESS 68 FOUNTAIN CIRCLE
CITY-ST-ZIP NAPLES FL 34119

3.1 TITLE STD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999 352-7195
Date Daytime Phone #

CR2E037 (1/198)