

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90315 037 ****61.25

DOCUMENT # N93000000136

1. Entity Name
VILLA VERONA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
100 VINEYARDS BLVD **100 VINEYARDS BLVD**
NAPLES FL 33999 **NAPLES FL 33999**

00070116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Resort Management **40 Resort Management**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2685 Horseshoe Dr. S #215 **2685 Horseshoe Dr. S #215**
 City & State City & State
Naples, FL **Naples, FL**

Zip Country Zip Country
34104 **Collier** **34104** **Collier**

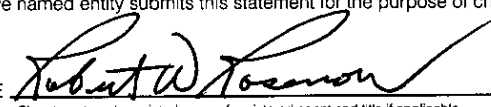
4. FEI Number Applied For
65-0404336 Not Applicable

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

6. Name and Address of Current Registered Agent
PROPERTY MANAGEMENT PROFESSIONALS
100 VINEYARDS BLVD
ATTN: NANCY WINKLER
NAPLES FL 34119

7. Name and Address of New Registered Agent
 Name **Resort Management**
 Street Address (P.O. Box Number is Not Acceptable)
2685 Horseshoe Drive South #215
 City **Naples** **FL** Zip Code **34104**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

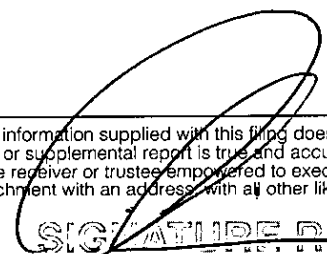
SIGNATURE  DATE **Apr 11, 02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCIARRINO, TONY 72 FOUNTAIN CIRCLE NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLEY, ROSEMARY 94 FOUNTAIN CIRCLE NAPLES FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ASHBAUGH, ELEANOR 68 FOUNTAIN CIRCLE NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENERAL, GEORGE 92 FOUNTAIN CIR NAPLES FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLWAY, DAVID 88 FOUNTAIN CIR NAPLES FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kenneth Strasen VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 70 Fountain Circle Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **4/11/02** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)