


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90261 031 \*\*\*\*61.25

**DOCUMENT # N93000000136**

1. Entity Name  
 VILLA VERONA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 RESORT MANAGEMENT  
 2685 HORSESHOE DR. S#215  
 NAPLES, FL 34104

Mailing Address  
 RESORT MANAGEMENT  
 2685 HORSESHOE DR. S#215  
 NAPLES, FL 34104

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
 65-0404336

Applied For  
 Not Applicable

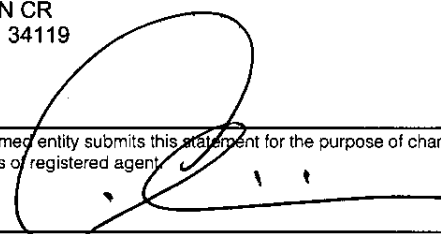
Zip Country

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

6. Name and Address of Current Registered Agent

SCIARRINO, TONY  
 72 FOUNTAIN CR  
 NAPLES, FL 34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCIARRINO, TONY	NAME	Patsy Hansen
STREET ADDRESS	72 FOUNTAIN CIRCLE	STREET ADDRESS	112 Fountain Circle
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	Naples, FL 34119
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLEY, ROSEMARY	NAME	Linda Beardreault
STREET ADDRESS	94 FOUNTAIN CIRCLE	STREET ADDRESS	70 Fountain Circle
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Naples, FL 34119
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBAUGH, ELEANOR	NAME	Philip May
STREET ADDRESS	68 FOUNTAIN CIRCLE	STREET ADDRESS	86 Fountain Circle
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Naples, FL 34119
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENECAL, GEORGE	NAME	
STREET ADDRESS	92 FOUNTAIN CIR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISEAV, CHRIS	NAME	Doris C. Pariseau
STREET ADDRESS	59 FOUNTAIN CIRCLE	STREET ADDRESS	59 Fountain Cir
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Naples FL 34119
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLWAY, DAVID	NAME	
STREET ADDRESS	6446 LAKE BLUFF RD	STREET ADDRESS	
CITY-ST-ZIP	NORTH ROSE, NY 14516	CITY-ST-ZIP	

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: April 26, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04232004 Chg-NP CR2E037 (10/03)