


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

05-01-2006 90460 036 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0404336	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCIARRINO, TONY 72 FOUNTAIN CR NAPLES, FL 34119			Name: <u>Rosemary Walley</u> Street Address (P.O. Box Number is Not Acceptable): <u>94 Fountain Circle</u> City: <u>Naples</u> FL Zip Code: <u>34119</u>		
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: <u>Rosemary Walley</u> (NOTE: Registered Agent signature required when remaining) DATE: _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCIARRINO, TONY		NAME	Martha Bradley	
STREET ADDRESS	72 FOUNTAIN CIRCLE		STREET ADDRESS	116 Fountain Circle	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLEY, ROSEMARY		NAME	Linda Beaudreault	
STREET ADDRESS	94 FOUNTAIN CIRCLE		STREET ADDRESS	78 Fountain Circle	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBAUGH, ELEANOR		NAME	Marilyn Dane	
STREET ADDRESS	68 FOUNTAIN CIRCLE		STREET ADDRESS	80 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	HANSEN, PATSY		NAME		
STREET ADDRESS	112 FOUNTAIN CIRCLE		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		
STREET ADDRESS	59 FOUNTAIN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLWAY, DAVID		NAME		
STREET ADDRESS	88 FOUNTAIN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: <u>Rosemary Walley</u>			Date: <u>7-13-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

66021875



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