2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90032 014 ****61.25

DOCUMENT # N93000000136

1. Entity Name

VILLÁ VERONA HOMEOWNERS ASSOCIATION, INC.



4010530. Mailing Address Principal Place of Business RESORT MANAGEMENT RESORT MANAGEMENT 2685 HORSESHOE DR. S#215 2685 HORSESHOE DR. S#215 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0404336 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLEY, ROSEMARY Street Address (P.O. Box Number is Not Acceptable) 94 FOUNTAIN CIRCLE NAPLES, FL 34119 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. -22 Z Delete ddition TITLE TITI F NAME SCIARRINO, TONY NAME a Fountain Ci STREET ADDRESS 72 FOUNTAIN CIRCLE STREET ADORESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP 10 PD \Delta Change Addition ☐ Delete TITLE WALLEY, ROSEMARY NAME NAME 94 FOUNTAIN CIRCLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP **NAPLES, FL 34119** CITY-ST-ZIP SD 2) TITLE Addition Delete IIDE NAME ASHBAUGH, ELEANOR NAME STREET ADDRESS **68 FOUNTAIN CIRCLE** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP Change Addition A Delete TITLE FITLE BRADLEY, MARTHA NAME NAME 116 FOUTAIN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP Change ☐ Delete TITLE **Addition** TITLE PARISEAV, CHRIS NAME NAME STREET ADDRESS **59 FOUNTAIN CIRCLE** STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP √∑ Change Addition ☐ Delete TITLE COLWAY, DAVID NAME STREET ADDRESS 88 FOUNTAIN CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34119

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED PRIPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07 348-1040
Date Daytone Phone #

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ATTACHMENT

| DOCUMENT # N9300000136 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 MANAGEMEN 2685 HORSESHOE DR NAPLES, FL 34104 | RESORT MANAGEMENT 2685 HORSESHOE DR. S#215 | | 40102487 | | | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | TOTAL CONTROL | MELIUS CO. | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 04182007 Chg | J-NP | CR2E037 (12/06 |) |
| City & State | City & State | | | 4. FEI Number 65-0404336 | • | | Applied For Not Applicable |
| Zip Country | Zip | Cour | ntry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Curren | | 7. Name and Address of New Registered Agent Name | | | | | |
| WALLEY, ROSEMARY 94 FOUNTAIN CIRCLE NAPLES, FL 34119 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| • J ⁰ | | | City | | | FL Zip C | ode |
| The above named entity submits this statement the obligations of registered agent | for the purpose of changing its | registere | d office or register | red agent, or both, in th | e State of Flo | | th, and accept |
| SIGNATURE Signature, typed or printed name of registered age: | nt and title if applicable. (NOT | TE: Registered | Agent signature required | d when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Ca Trust Fund | | | \$5.00 May Be Added to Fees | | ake check payable | |
| 10. OFFICERS AND D | HRECTORS | 11. | | ADDITIONS/CHANGES | TO OFFICE | RS AND DIRECTORS | IN 10 |
| TITLE PD SCIARRING TONY STREET, ADDRESS CITY-S1-ZIP, NAPLES, FL 34/119 | □ Defete | | T ADDRESS ST-ZIP | ca, Adele Egystary | circle 2019 | ☐ Chang | e Addition |
| NAME WALLEY, ROSEMARY STREET ADDRESS 94 FOUNTAIN CIRCLE CITY-ST-ZIE NAPLES, FL 34119 | ☐ Delete | | T ADDRESS 74 | Hello, Thor Fountain | nas Circle | ☐ Chang | e \textstyle \textstyl |
| TITLE SD NAME ASHBAUGH, ELEANOR STREET ADDRESS 68 FOUNTAIN CIRCLE CITY-ST-ZIP NAPLES, FL 34119 | ☐ Defete | TITLE NAME STREE | (100 | pivo, ev. | 34114 | Chang | e Addition |
| TITLE " D NAME BRADLEY, MARTIA STREET ADDRESS 116 FOUTAIN CIRCLE CITY-SI-ZIP NAPLES, FL 34119 | ☐ Delete | TITLE NAME STREE | | | | ☐ Chang | e Addition |
| TITLE TD NAME PARISEAN, CHRIS STREET ADDRESS 59 FOUNTAIN CIRCLE CITY-ST-ZIP NAPLES, FL 34119 | □ Defete | | T ADDRESS ST-ZIP | | | ☐ Chang | e Addition |
| NAME COLWAY, DAVID STREET ADDRESS 88/FOUNTAIN CIRCLE CITY-ST-ZIP NAPLES, FL 34119 | ☐ Defete | CITY- | T ADDRESS ST-ZIP | | | ☐ Chang | |
| 12. I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trustee em changed, or on an attachment with an address SIGNATURE: | is true and accurate and that powered to execute this repor | my signati t as requir | ure shall have the : ed by Chapter 617 | same lenal effect as it i | made under d that my name | oath; that I am an offi e appears in Block 10 | cer or director or Błock 11 if |