


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
 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

4010290



1

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03162007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 65-0404336

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALLEY, ROSEMARY
 94 FOUNTAIN CIRCLE
 NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	DD D	<input type="checkbox"/> Delete
NAME	SCIARRINO, TONY	
STREET ADDRESS	72 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	DD PD	<input type="checkbox"/> Delete
NAME	WALLEY, ROSEMARY	
STREET ADDRESS	94 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	DD D	<input type="checkbox"/> Delete
NAME	ASHBAUGH, ELEANOR	
STREET ADDRESS	68 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, MARTHA	
STREET ADDRESS	116 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARISEAV, CHRIS	
STREET ADDRESS	59 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLWAY, DAVID	
STREET ADDRESS	88 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	


TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sciarrino, Antonio		
STREET ADDRESS	72 Fountain Circle		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	DD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Walley, Rosemary		
STREET ADDRESS	94 Fountain Circle		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ashbaugh, Eleanor		
STREET ADDRESS	68 Fountain Circle		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Braudreault, Linda		
STREET ADDRESS	79 Fountain Circle		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Done, Mary Lou		
STREET ADDRESS	80 Fountain Circle		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Colway, David		
STREET ADDRESS	88 Fountain Circle		
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 attachment with an address, with all other like empowered.

SIGNATURE: Rosemary Walley, President 4-11-07 348-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N93000000136 1. Entity Name VILLA VERONA HOMEOWNERS ASSOCIATION, INC.					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0404336	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALLEY, ROSEMARY 94 FOUNTAIN CIRCLE NAPLES, FL 34119				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCIARRINO, TONY 72 FOUNTAIN CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Duka, Adele 62 Fountain Circle Naples, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLEY, ROSEMARY 94 FOUNTAIN CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Costello, Thomas 74 Fountain Circle Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASHBAUGH, ELEANOR 68 FOUNTAIN CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, MARTHA 116 FOUNTAIN CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARISEAU, CHRIS 59 FOUNTAIN CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLWAY, DAVID 88 FOUNTAIN CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Rosemary Walley, President</u> 5/1/07 348,040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40102487

