


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90360 032 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

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

04232008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0404336

Applied For
 Not Applicable

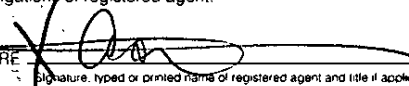
Zip Country Zip Country

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 **Adele Duba**
 Street Address (P.O. Box Number is Not Acceptable)
94 Fountain Circle
 City **Naples** FL Zip Code **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  **Adele Duba, Secretary** DATE **4-23-08**

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, 2008

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

TITLE	D	Delete
NAME	SCIARRINO, TONY	
STREET ADDRESS	72 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLEY, ROSEMARY	
STREET ADDRESS	94 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHBAUGH, ELEANOR	
STREET ADDRESS	68 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOAUDREAU, LINDA	
STREET ADDRESS	78 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	VD	Delete
NAME	COLWAY, DAVID	
STREET ADDRESS	88 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adele Duba	
STREET ADDRESS	94 Fountain Circle	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marylou Dane	
STREET ADDRESS	80 Fountain Circle	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Costella	
STREET ADDRESS	74 Fountain Circle	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<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:  DATE **4-23-08** DAYTIME PHONE # **239-530-2314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR