

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000136

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** VILLA VERONA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE#215  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE#215  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 65-0404336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUBA, ADELE  
62 FOUNTAIN CIRCLE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUBA, ADELE  
Address: 62 FOUNTAIN CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: S  
Name: BEAUDREAULT, LINDA  
Address: 78 FOUNTAIN CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: VP  
Name: COSTELLO, THOMAS  
Address: 74 FOUNTAIN CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: T  
Name: PARISEAU, CHRIS  
Address: 59 FOUNTAIN CIRCLE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADELE DUBA

P

04/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date