

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90122 031 ****61.25

0053423

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**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESORT MANAGEMENT
2685 HORESHOE DRIVE
SUITE #215
NAPLES FL 34104**

Name **Tony Sciarrino**
Street Address (Number is Not Acceptable) **72 Fountain Cir**
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 DATE **4-10-03**

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	SCIARRINO, TONY	
STREET ADDRESS	72 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRASEN, KENNETH	
STREET ADDRESS	70 FOUNTAIN CIRCLE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	STD	<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	SENERAL, GEORGE	
STREET ADDRESS	92 FOUNTAIN CIR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pariseau, Chris	
STREET ADDRESS	59 Fountain Circle	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walley, Rosemary	
STREET ADDRESS	94 Fountain Circle	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	SD	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Senecal, George	
STREET ADDRESS	92 Fountain Circle	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colway, David	
STREET ADDRESS	6446 Lake Bluff Rd	
CITY-ST-ZIP	North Rose, NY 14516	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hansen, Patsy	
STREET ADDRESS	112 Fountain Circle	
CITY-ST-ZIP	Naples, FL 34119	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

4-10-03 239-643-0047

CR2E037 (10/02)