

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003659

FILED
Mar 20, 2009
Secretary of State

Entity Name: VILLA D'ANNA SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

481 10TH AVE. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

483-10TH AVE SO
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0654267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARAN, TONY
483 10TH AVE. SO.
NAPLES, FL 34102 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: D () Delete
Name: HUNCKLER, WILLIAM
Address: 20 HART HILL RD
City-St-Zip: BARRINGTON HILLS, IL 33957

Title: DS () Delete
Name: HAWLEY COLE, LANE
Address: 980-5TH ST. SO
City-St-Zip: NAPLES, FL 34102

Title: DT () Delete
Name: MARAN, TONY
Address: 483 10TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUNCKLER, SHIRLEY
Address: 20 HART HILL RD
City-St-Zip: BARRINGTON HILLS, IL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MORAN, TONY
Address: 483 10TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: PRES () Change (X) Addition
Name: NELSON, ALLEN
Address: 469 10TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN M LONGSTRETH

ACCT

03/20/2009

Electronic Signature of Signing Officer or Director

Date