

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000719

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** INDIAN WELLS GOLF VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MGMT  
2685 HORSESHOEDR SOUTH SUITE 215  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MGMT  
2685 HORSESHOEDR SOUTH SUITE 215  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 59-3453701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORBA, JAMES  
8380 INDIAN WELLS WAY  
NAPLES, FL 34113 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:** T  
**Name:** VECCHIO, MICHAEL  
**Address:** 8480 INDIAN WELLS WAY  
**City-St-Zip:** NAPLES, FL 34113

**Title:** P  
**Name:** TOROA, JAMES  
**Address:** 8380 INDIAN WELLS WAY  
**City-St-Zip:** NAPLES, FL 34113

**Title:** S  
**Name:** CATERINO, LORRAINE  
**Address:** 8460 INDIAN WELLS WAY  
**City-St-Zip:** NAPLES, FL 34113

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:** JAMES TORBA

P

03/30/2010

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

\_\_\_\_\_  
Date