


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90093 034 \*\*\*\*61.25

0062342

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000001726</b>					
1. Corporation Name <b>VILLORESI ASSOCIATION, INC.</b>					
Principal Place of Business C/O PORTER WRIGHT MORRIS & ARTHUR 4501 TAMiami TRAIL NORTH STE 400 NAPLES FL 33940			Mailing Address C/O PORTER WRIGHT MORRIS & ARTHUR 4501 TAMiami TRAIL NORTH STE 400 NAPLES FL 33940		



2. Principal Place of Business 21 5801 PELICAN BAY BLVD. Suite, Apt. #, etc. 22 SUITE 300 City & State 23 NAPLES, FL 24 34108-2709 Country 25 COLLIER		2a. Mailing Address 26 5801 PELICAN BAY BLVD. Suite, Apt. #, etc. 27 SUITE 300 City & State 28 NAPLES, FL Zip 29 34108-2709 Country 30 COLLIER		3. Date Incorporated or Qualified <b>03/24/1997</b>	
		4. FEI Number <b>59-3515513</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>WILSON, GARY K</b> <b>4501 TAMiami TR NO STE 400</b> <b>NAPLES FL 34103</b>				10. Name and Address of New Registered Agent 81 Name <b>WILSON, GARY K.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5801 PELICAN BAY BLVD.</b> 83 SUITE 300 84 City NAPLES <b>FL</b> 85 Zip Code <b>34108-2709</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, GARY K	1.2 NAME			
STREET ADDRESS	4501 TAMiami TR NO #400	1.3 STREET ADDRESS	5801 PELICAN BAY BLVD., SUITE 300		
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-ST-ZIP	NAPLES, FL 34108-2709		
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VINING, DONALD	2.2 NAME			
STREET ADDRESS	1441 RIDGE STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34103	2.4 CITY-ST-ZIP			
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OUIVERSON, THOMAS H	3.2 NAME			
STREET ADDRESS	349 14 AVE SO	3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **REQUIRED** **4/06/99** **941-593-2952**  
 Date Daytime Phone #

CR2E037 (11/98)