

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90564 022 \*\*\*\*61.25

**DOCUMENT # N98000006297**

**1. Entity Name**  
VILLAS NAPOLI CONDOMINIUM ASSOCIATION, INC.



**Principal Place of Business**  
443 8TH AVE. SOUTH  
NAPLES, FL 34102

**Mailing Address**  
C/O FRITZ PROPERTY MGMT.  
1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03)

City & State

City & State

**4. FEI Number**  
65-1025828

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

FRITZ, ROBERT  
% FRITZ PROPERTY MGMT  
1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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**

*Robert Fritz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/05

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**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** DP ☐ Delete  
**NAME** DUDLEY, JACK  
**STREET ADDRESS** 443 8TH AVE. SOUTH  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** D ☐ Change ☒ Addition  
**NAME** JACK HOOPES  
**STREET ADDRESS** 453 8TH AVE. S.  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** DVP ☒ Delete  
**NAME** BURTON, HARRY  
**STREET ADDRESS** 453 8TH AVE. SOUTH  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** D ☐ Change ☒ Addition  
**NAME** DONALD FOSS  
**STREET ADDRESS** 439 8TH AVE. S.  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** DTS ☐ Delete  
**NAME** STREICHER, JAMES  
**STREET ADDRESS** 431 8TH AVE. SOUTH  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** D ☐ Change ☒ Addition  
**NAME** JOHN BURKHART  
**STREET ADDRESS** 449 8TH AVE. S.  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Change ☒ Addition  
**NAME** FRANK CARCIONE  
**STREET ADDRESS** 435 8TH AVE. S.  
**CITY-ST-ZIP** NAPLES, FL 34102

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*John A. Dudley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2005 239 430 9306  
Date Daytime Phone #