

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006297

FILED
Mar 09, 2009
Secretary of State

Entity Name: VILLAS NAPOLI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

443 8TH AVE. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1025828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FRITZ, ROBERT
C/O FRITZ PROPERTY MGMT
1622 TRIANGLE PALM TERRACE
NAPLES, FL 34119 US

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:

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUDLEY, JACK
Address: 443 8TH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LEVINE, MYRON
Address: 453 8TH AVE. S.
City-St-Zip: NAPLES, FL 34102

Title: DTS () Delete
Name: STREICHER, JAMES
Address: 431 8TH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SASSER, FRED
Address: 439 8TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BURKHART, JOHN
Address: 449 8TH AVE S
City-St-Zip: NAPLES, FL 341025

Title: D () Delete
Name: CARCIANO, FRANK
Address: 435 8TH AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JACK DUDLEY

DP

03/09/2009

Electronic Signature of Signing Officer or Director

Date