


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90034 028 ****61.25

DOCUMENT # N98000006298 1. Entity Name VILLAS RAVELLO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 838-858 9TH AVE. S NAPLES, FL 34102			Mailing Address 792 94TH AVE N NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2404242	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTNAM, DAVID 792 94TH AVE N NAPLES, FL 34108			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CALLAHAN, ARTHUR <input checked="" type="checkbox"/> Delete 5335 FALL CREEK RD INDIANAPOLIS, IN 46220		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Tom Lauer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 850 9th Ave So. Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WALDMAN, PAULA <input type="checkbox"/> Delete 18 CONNELL DR GREENWOOD, IN 46143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Arthur Callahan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5335 Fall Creek Rd. Indianapolis, IN 46220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLIGAN, COLLEEN <input checked="" type="checkbox"/> Delete 842 9TH AVE. S NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 5-1-08 317-259-0188 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					