

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 037 ****61.25

DOCUMENT # N99000000491

1. Entity Name
VILLAS VERONA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

251-259 4 AVE S
NAPLES, FL 34102

Mailing Address

792 94 AVE N
NAPLES, FL 34108

50017138



04252006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0533707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, DAVID
792 94 AVENUE N
NAPLES, FL 34108

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
DEERING, SHARON
255 4TH AVE S
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
MCGARRY, MRS.
147 CHESTNUT STREET
NORTH ANDOVER, MA 01845

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
COMBS, DAN
P.O. BOX 4479
DALTON, GA 30719

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon L. Deering April 26 '06 237-263-7927