2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State 02-28-2008 90006 001 ****61.25

DOCUMENT # N9900004575 1. Entity Name PERGOLA VILLAS CONDOMINIUM ASSOCIATION, INC.								01.	2 5
975 7TH STREET, SOUTH 8 NAPLES, FL 34102 S		Mailing Address 800 SEAGATE DRIVE SUITE 202 NAPLES, FL 34103	800 SEAGATE DRIVE SUITE 202						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State		4. FEI Number 65-10256	03			plied For t Applicable	
Zip Country		Zip			5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	ON, STUART A ESQ PORT ROAD		Name Stree		P.O. Box Number is	Not Acceptable		· · -	··-
STE 101 NAPLES, FL 34112									
			City				FL	Zip Code	9
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office	or register	ed agent, or both, i	n the State of Fi	korida. I am fa	amiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent	and ritle if applicable. (NOTE: F	Ragistered Agent sig	nature required	when reinstating)	Ti Fin Shart	DATE		27.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Camp Trust Fund Co	ntribution.		\$5.00 May Be Added to Fees	Flo	lake check rida Depart	ment of St	ate
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	BES TO OFFICE			
TITLE NAMÉ	BULLENS, SCOTT	☐ Defete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	70 DEERWOOD DRIVE LITTLETON, CO 801272616		STREET ADDRES	s		14			
TITLE	VPD	☐ Delete	ΤΠLΕ					Change	☐ Addition
NAME STREET ADDRESS	ARCNA, ALAN M 135 FOX MEADOW LANE		NAME STREET ADORES						
CITY-ST-ZIP	ORCHARD PARK, NY 14127		CITY-ST-ZIP						
TITLE	T COV HISTVAIA DR	☐ Delete	TITLE		·			☐ Change	☐ Addition
NAME STREET ADDRESS	COX, JUSTYNA DR 985 ST S		name Street addres	s					
CITY-ST-ZIP	NAPLES, FL 34102	<u> </u>	CITY-ST-ZIP						
TITLE	S	- Delete	_MLE_					☐ <u>Change</u>	☐ Addition
	IAZWIEC JOHN		NAME	1					
STREET ADDRESS	JAZWIEC, JOHN 3017 N HARIETA AVE		NAME STREET ADDRESS	s					
	•			s					
STREET ADDRESS CITY-ST-ZIP TITLE	3017 N HARIETA AVE	. Delete	STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ AddItion
STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET ADDRESS	3017 N HARIETA AVE		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3017 N HARIETA AVE	. Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET ADDRESS	3017 N HARIETA AVE		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3017 N HARIETA AVE	. Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3					

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered of secutive 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.