2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N99000004575

Entity Name: PERGOLA VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

975 7TH STREET, SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

800 SEAGATE DRIVE
SUITE 202
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-1025603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, STUART A ESQ
2272 AIRPORT ROAD
STE 101
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BULLENS, SCOTT
Address: 70 DEERWOOD DRIVE
City-St-Zip: LITTLETON, CO 801272616

Title: VPD ( ) Delete
Name: ARCNA, ALAN M
Address: 135 FOX MEADOW LANE
City-St-Zip: ORCHARD PARK, NY 14127

Title: T ( ) Delete
Name: COX, JUSTYNA DR
Address: 985 ST S
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: JAZWIEC, JOHN
Address: 3017 N HARIETA AVE
City-St-Zip: MILWAUKEE, WI 532113424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ARENA, ALAN M
Address: 135 FOX MEADOW LANE
City-St-Zip: ORCHARD PARK, NY 14127

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: SUSAN M. LONGSTRETH, SPIRES & ASSOCIATES, ACCT 02/25/2009

Electronic Signature of Signing Officer or Director — Date