

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90168 010 ****61.25

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1. Entity Name

ASSOCIATION OF VERSAILLES HOME OWNERS, INC.



Principal Place of Business

1608 ATARES DRIVE
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 511234
PUNTA GORDA FL 33951
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/05)

4. FEI Number
65-0971474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPICCOLO, RICHARD
1608 ATARES DRIVE
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME PEEPLES, DARRELL ☒ Delete
STREET ADDRESS 17221 ALICO CENTER RD, SUITE #1
CITY-ST-ZIP FT MYERS FL 33912

TITLE VPS
NAME DONALD, BENTLEY ☒ Delete
STREET ADDRESS P.O. BOX 511234
CITY-ST-ZIP PUNTA FL 33951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT & TREASURER ☒ Change ☒ Addition
NAME Richard Lopiccio
STREET ADDRESS 1608 ATARES DR #112
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE VP ☒ Change ☒ Addition
NAME Anthony Gugliotta
STREET ADDRESS 1608 ATARES DR #111
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard Lopiccio* *Richard Lopiccio* 2-27-06 841-505 P506