

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001610

**Entity Name:** VILLAS AMALFI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

265-285 4 AVE S.  
NAPLES, FL 34102

**Current Mailing Address:**

C/O MOORE PROPERTY MANAGEMENT  
5603 NAPLES BLVD.  
NAPLES, FL 34109 US

**FEI Number:** 65-0083472

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MANAGEMENT  
5603 NAPLES BLVD.  
NAPLES, FL 34109 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           ENGELHARDT, FRAN  
Address        265 SECOND AVENUE S  
City-State-Zip: NAPLES FL 34102

Title           PRESIDENT  
Name           THARPE, STEVE  
Address        C/O MOORE PROPERTY  
                  MANAGEMENT  
                  5603 NAPLES BLVD.  
City-State-Zip: NAPLES FL 34109

Title           SECRETARY  
Name           WEISS, JAY  
Address        C/O MOORE PROPERTY  
                  MANAGEMENT  
                  5603 NAPLES BLVD.  
City-State-Zip: NAPLES FL 34109

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVE THARPE**

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date