

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000136

Entity Name: VILLA VERONA HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 14, 2017
Secretary of State
CC7006691007

Current Principal Place of Business:

C/O CAPITAL CARE GROUP
3920 VIA DEL REY SUITE 4
BONITA SPRINGS, FL 34134

Current Mailing Address:

C/O CAPITAL CARE GROUP
3920 VIA DEL REY SUITE 4
BONITA SPRINGS, FL 34134 US

FEI Number: 65-0404336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDSEY & ALLEN, PLLC
13180 LIVINGSTON RD
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: TODD ALLEN

02/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	T
Name	MATZKE, JAMES	Name	STRASEN, KENNETH
Address	90 FOUNTAIN CIRCLE	Address	70 FOUNTAIN CIRCLE
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119
Title	DIRECTOR	Title	VP
Name	LUDEMANN, TIMOTHY	Name	BUTCHKO, DANIEL
Address	84 FOUNTAIN CIRCLE	Address	64 FOUNTAIN CIRCLE
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119
Title	SECRETARY		
Name	TASH, JENIFER		
Address	65 FOUNTAIN CIRCLE		
City-State-Zip:	NAPLES FL 34119-4637		

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: JAMES MATZKE

PRESIDENT

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date