

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90061 042 ****61.25

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1. Entity Name
VILLA DEL MARE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
325 S BLVD
TAMPA, FL 33606

Mailing Address
325 S BLVD
TAMPA, FL 33606

50026133



2. Principal Place of Business
Condominium Associates
Suite, Apt. #, etc.
777 S. Harbour Island Blvd #270
City & State
Tampa, Fla
Zip
33602
Country
Hillsborough

3. Mailing Address
Same
Suite, Apt. #, etc.
Same
City & State
Same
Zip
Same
Country
Same

07312006 Chg-NP CR2E037 (4/06)

4. FEI Number
~~59-3699767~~ 20-2825697
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES, JUDITH L
325 S BLVD
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Condominium Associates
Street Address (P.O. Box Number is Not Acceptable)
777 S Harbour Island Blvd #270
City
Tampa
FL
Zip Code
33602

8. 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 title if applicable.

Leila Long, LCAM

(NOTE: Registered Agent signature required when reinstating)

7/28/06

DATE

Filing Fee is \$61.25
Due by September 6, 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	<input checked="" type="checkbox"/> Delete
NAME	LUM, JOHN	
STREET ADDRESS	2101 W PLATT ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOEHLER, KEITH W	
STREET ADDRESS	2101 W PLATT ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULUZIAN, ARAM	
STREET ADDRESS	2101 W PLATT ST	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Sass	
STREET ADDRESS	114 Davis Island Blvd #3	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Brown	
STREET ADDRESS	114 Davis Island Blvd #1	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Berner	
STREET ADDRESS	114 Davis Island Blvd #10	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06

Date

813-209-9300

Daytime Phone #