

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26437

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** VILLA POINTE RECREATION AREA ASSOCIATION, INC.

**Current Principal Place of Business:**

INFINITY COMMUNITY MANAGEMENT, INC  
3107 POOLSIDE DRIVE  
GREENACRES, FL 33463 US

**New Principal Place of Business:**

INFINITY COMMUNITY MANAGEMENT, INC  
5350 10TH AVE. N, SUITE 2  
GREENACRES, FL 33463 US

**Current Mailing Address:**

P.O. BOX 16154  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

FEI Number: 65-0136100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DICKER, KRIVOK & STOLOFF PA  
1818 AUSTRALIAN AVE. SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33401 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: VPD  
Name: ELSBERRY, JAMES  
Address: 1985 MONKS COURT  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD  
Name: OLES, CATHY  
Address: 13836 53RD COURT NORTH  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: STD  
Name: CORIA, OSCAR  
Address: 1991 MONKS COURT  
City-St-Zip: WEST PALM BEACH, FL 33415

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: CATHY OLES

PD

03/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date