

DOCUMENT # 742300

1. Entity Name

THE VILLAS-CENTRAL ASSOCIATION, INC.

Principal Place of Business

1603 GOLFVIEW DR W
PEMBROKE PINES FL 33026

Mailing Address

1603 GOLFVIEW DR W
PEMBROKE PINES FL 33026-3126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, KEN
1571 GOLFVIEW DR. EAST
PEMBROKE PINES FL 33026

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	KOTLER, EDWARD	
STREET ADDRESS	1381 GOLFVIEW DR W	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JURADO, GRETA	
STREET ADDRESS	1571 GOLFVIEW DR W	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVER, KEN	
STREET ADDRESS	1571 GOLFVIEW DR., E.	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LESUE, ALBERT	
STREET ADDRESS	1440 GOLFVIEW DR WEST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBILLO, SHIRLEY	
STREET ADDRESS	1351 GOLFVIEW DR., E.	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN PETRUCCI	
STREET ADDRESS	1371 GOLFVIEW DR. WEST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	

TITLE		<input type="checkbox"/> Delete
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 exemption stated in Section 119.07(3)(i), 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 RE/G/2/F00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Oliver Pres 436-9917 (954)

Date

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-24-2000 90024 023 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1861064

Applied For

Not Applicable

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

CR2E037 (9/99)