## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 724802** 

Entity Name: VILLAGES OF WINDMEADOWS CONDOMINIUM ASSOCIATION,

INC.

**FILED** Apr 25, 2014 **Secretary of State** CC2814392731

**Current Principal Place of Business:** 

225 S WESTMONTE DR

STE #3310

ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** 

PO BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3247598 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S WESTMONTE DR #3310 ALTAMONTE SPRINGS, FL 32714 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **PRESIDENT** 

Name COLON, CRESCENCIO Name AUVILLE, MELANIE Address PO BOX 162147 Address PO BOX 162147

ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip:

Title **SECRETARY** Title **TREASURER** 

Name DIMARIO, ILEANA Name JAHOSKY, JOAN PO BOX 162147

Address Address PO BOX 162147

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title **DIRECTOR** Name NEGRON, DINAH Address PO BOX 162147

ALTAMONTE SPRINGS FL 32716 City-State-Zip:

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: MELANIE AUVILLE

**PRESIDENT** 

04/25/2014