

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729879

**Entity Name:** EARMAN VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

185 E. INDIANTOWN ROAD  
SUITE 127  
JUPITER, FL 33477

**Current Mailing Address:**

185 E. INDIANTOWN ROAD  
SUITE 127  
JUPITER, FL 33477

**FEI Number:** 59-1650090

**Certificate of Status Desired:** No

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

PAPAGEORGE, TERRI  
C/O ACCOUNTING DEPT., INC.  
185 EAST INDIANTOWN RD., STE. 127  
JUPITER, FL 33477 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FREDRICKS, JENNIFER  
Address        813 HUMMINGBIRD WAY , #7A  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            DIRECTOR  
Name            ARRUDA, PAMELA  
Address        809 HUMMINGBIRD WAY , # 8C  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            SECRETARY  
Name            PLANCK, KELLY  
Address        805 HUMMINGBIRD WAY, #8D  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            BOARD MEMBER  
Name            SMITH, JOHN  
Address        813 HUMMINGBIRD WAY  
                  4A  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            VP  
Name            MICHAEL, WEILD  
Address        809 HUMMINGBIRD WAY, # 4C  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** JENNIFER FREDRICKS

**PRESIDENT**

**04/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date