#### above, or on an attachment with all other like empowered. SIGNATURE: DANNIELLE GUSLER PRESIDENT

Electronic Signature of Signing Officer/Director Detail

MANAGEMENT SERVICES. LLC

4327 S. HWY 27 #415

City-State-Zip: CLERMONT FL 34711

#### 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

### DOCUMENT# 736533

Entity Name: THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOCIATION, INC.

# Current Principal Place of Business:

C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S HWY 27 #415 CLERMONT, FL 34711

# **Current Mailing Address:**

C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S HWY 27 #415 CLERMONT, FL 34711 US

# FEI Number: 59-3166822

## Name and Address of Current Registered Agent:

TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415 CLERMONT, FL 34711 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

The above named	entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	TPS ASSOCIATION MANAGEMENT SERVICES			06/21/2023
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	GUSLER, DANNIELLE	Name	DAVIS, ALICIA	
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415	Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415	C
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711	
Title	SECRETARY	Title	TREASURER	
Name	ARGUELLES, BRANDON	Name	VEST, INEZ	
Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415	Address	C/O TPS ASSOCIATION MANAGEMENT SERVICES, LLC 4327 S. HWY 27 #415	2
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711	
Title	DIRECTOR			
Name	BROWN, KASIB			
Address	C/O TPS ASSOCIATION			

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

### FILED Jun 21, 2023 Secretary of State 3301617014CC

06/21/2023

Certificate of Status Desired: No