

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742300

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC5673171780**

**Entity Name:** THE VILLAS-CENTRAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1603 GOLFVIEW DR W  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1603 GOLFVIEW DR W  
PEMBROKE PINES, FL 33026

**FEI Number: 59-1861064**

**Certificate of Status Desired: No**

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

STRALEY & OTTO  
2699 STIRLING ROAD  
SUITE C-207  
FORT LAUDERDALE, FL 33312 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:** CHARLES OTTO

01/14/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WALDROUP, GEORGE  
Address 1603 GOLFVIEW DR W  
City-State-Zip: PEMBROKE PINES FL 33026

Title VP  
Name LLANOS, MARIA  
Address 1603 GOLFVIEW DR W  
City-State-Zip: PEMBROKE PINES FL 33026

Title T  
Name BLECKER, BARRETT  
Address 1603 GOLFVIEW DRIVE W  
City-State-Zip: PEMBROKE PINES FL 33026

Title S  
Name ROLFS, RYAN  
Address 1603 GOLFVIEW DR W  
City-State-Zip: PEMBROKE PINES FL 33026

Title DIRECTOR  
Name THOMAS, CAROL  
Address 1603 GOLFVIEW DR W  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** MARIA LLANOS

VP

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date