

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742627

Entity Name: VILLA CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**210 SOUTH PINELLAS AVENUE
270
TARPON SPRINGS, FL 34689**Current Mailing Address:**ASSOCIATION DATA MANAGEMENT, INC.
PO BOX 2007
DUNEDIN, FL 34697-2007 US**FEI Number:** 59-2069526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANNE M. MALLEY, P.A.
210 SOUTH PINELLAS AVENUE
270
TARPON SPRINGS, FL 34689 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	D
Name	BAZANY, THOMAS
Address	2751-B KEATS TERRACE
City-State-Zip:	PALM HARBOR FL 34684

Title	P
Name	SHOUP, NORMAN
Address	2241- C SHELLY DR
City-State-Zip:	PALM HARBOR FL 34684

Title	T/D
Name	SELLERS, BEN A
Address	ASSOCIATION DATA MANAGEMENT, INC. PO BOX 2007
City-State-Zip:	DUNEDIN FL 34697-2007

Title	S
Name	SIEWART, SANDRA
Address	2731-B KEATS TERRACE
City-State-Zip:	PALM HARBOR FL 34684

Title	V
Name	ROLANDS, PAUL
Address	2300-D SHELLY DRIVE
City-State-Zip:	PALM HARBOR FL 34684

Title	DIRECTOR
Name	ZERA, JANET
Address	2200-C SHELLY DRIVE
City-State-Zip:	PALM HARBOR FL 34684

Title	DIRECTOR
Name	ELGIN, ELGIN
Address	ASSOCIATION DATA MANAGEMENT, INC. PO BOX 2007
City-State-Zip:	DUNEDIN FL 34697-2007

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: NORMAN SHOUP

P

01/18/2014

Electronic Signature of Signing Officer/Director Detail

Date