

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742627

Entity Name: VILLA CONDOMINIUM I ASSOCIATION, INC.**Current Principal Place of Business:**36434 US HWY 19 N
PALM HARBOR, FL 34684**Current Mailing Address:**36434 US HWY 19 N
PALM HARBOR, FL 34684 US**FEI Number:** 59-2069526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANKLY COASTAL PROPERTY MGMT, LLC DBA ASSOCIATION DATA MANAGEMENT
36434 US HWY 19 N
PALM HARBOR, FL 34684 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:** LYNN PARRISH

03/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BAZANY, THOMAS
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name SELLERS, BEN A
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title TREASURER, SECRETARY
Name SIEWERT, SANDRA
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title V
Name ROSS, DALE
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name ELGIN, ELGIN
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title PRESIDENT
Name BURT, GEORGE LEE
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

Title DIRECTOR
Name PIER, ALAN
Address 36434 US HWY 19 N
City-State-Zip: PALM HARBOR FL 34684

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: GEORGE LEE BURT

PRESIDENT

03/04/2018

Electronic Signature of Signing Officer/Director Detail

Date