| 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. |

SECRETARY

SIGNATURE: SANDRA SIEWERT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 742627

Entity Name: VILLA CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

36434 US 19 NORTH PALM HARBOR, FL 34684

Current Mailing Address:

ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH PALM HARBOR, FL 34684 US

FEI Number: 59-2069526

Name and Address of Current Registered Agent:

ASSOCIATION DATA MANAGEMENT ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH 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 M. PARRISH 03/ | | 03/10/2017 | |
|---------------------------|--|-----------------|--|--|
| | Electronic Signature of Registered Agent | | Date | |
| Officer/Director Detail : | | | | |
| Title | D | Title | DIRECTOR | |
| Name | BAZANY, THOMAS | Name | SELLERS, BEN A | |
| Address | ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH | Address | ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH | |
| City-State-Zip: | PALM HARBOR FL 34684 | City-State-Zip: | PALM HARBOR FL 34684 | |
| Title | TREASURER, SECRETARY | Title | V | |
| Name | SIEWERT, SANDRA | Name | ROLANDS, PAUL | |
| Address | ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH | Address | ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH | |
| City-State-Zip: | PALM HARBOR FL 34684 | City-State-Zip: | PALM HARBOR FL 34684 | |
| Title | DIRECTOR | Title | PRESIDENT | |
| Name | ELGIN, ELGIN | Name | BURT, GEORGE LEE | |
| Address | ASSOCIATION DATA MANAGEMENT 36434 US 19 NORTH | Address | 36434 US 19 NORTH | |
| City-State-Zip: | PALM HARBOR FL 34684 | City-State-Zip: | PALM HARBOR FL 34684 | |

Certificate of Status Desired: No

03/10/2017

FILED Mar 10, 2017 Secretary of State CC1956678758