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

DOCUMENT# N00000008506

Entity Name: VILLA SETON, INC.

**FILED** Jan 24, 2023 Secretary of State 0541361754CC

## **Current Principal Place of Business:**

3300 SW CHARTWELL ST PORT ST LUCIE. FL 34953

## **Current Mailing Address:**

P.O. BOX 109650 9995 N. MILITARY TRAIL

PALM BEACH GARDENS. FL 33410 US

FEI Number: 31-1775150 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

FITZGERALD, J PATRICK ESQ. J. PATRICK FITZGERALD & ASSOCIATES, P.A. 110 MERRICK WAY SUITE 3B CORAL GABLES, FL 33134 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: J PATRICK FITZGERALD, ESQ. 01/24/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title VΡ

LEWIS, DANIEL P BADWAY, GAVIN J VERY REV Name Name

Address P.O. BOX 109650 Address P.O. BOX 109650

> 9995 N. MILITARY TRAIL 9995 N. MILITARY TRAIL

> > Address

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

Title SECRETARY/TREASURER Title DIRECTOR

GENDUSA, VITO Name Name MCGINLEY, KEVIN

P.O. BOX 109650 P.O. BOX 109650

9995 N. MILITARY TRAIL 9995 N. MILITARY TRAIL

PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

IERARDI, JOSEPH Name Name SERRAES, MARTIN

3300 SW CHARTWELL ST 3300 SW CHARTWELL ST Address Address

City-State-Zip: PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953 City-State-Zip:

Title **DIRECTOR** 

Address

Name ADAMS, REVEREND SCOTT

P.O. BOX 109650 Address

9995 N. MILITARY TRAIL

City-State-Zip: PALM BEACH GARDENS FL 33410

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.

01/24/2023 Ρ SIGNATURE: DANIEL P LEWIS

Date