

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008360

Entity Name: THE VILLAGE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**10343 EAST COUNTY HWY 30-A
SEACREST BEACH, FL 32413**Current Mailing Address:**215 GRAND BOULEVARD
SUITE 200
MIRAMAR BEACH, FL 32550 US**FEI Number:** 57-1190540**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNLAP & SHIPMAN, P.A.
2063 S. CTY. HWY. 395
SANTA ROSA BEACH, FL 32459 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:** DAVID MILAM

03/29/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name SMITH, BOBBIE
Address 3824 COTSWOLD DRIVE, NORTH
City-State-Zip: BIRMINGHAM AL 35242

Title P
Name ALTAMURA, JAMES (JIM)
Address P.O. BOX 819
City-State-Zip: DESTIN FL 32540

Title DIRECTOR
Name POWELL, WILLIAM (MARK)
Address 3255 ENDICOTT DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title VP
Name ROPER, ROGER
Address P.O. BOX 40
City-State-Zip: CLAY AL 35048

Title TREASURER
Name HARALABIDIS, GEORGE
Address 215 GRAND BLVD.
STE. 200
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name MAXWELL, JOHN
Address 215 GRAND BLVD.
STE. 200
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name SANDERS, STEVE
Address 215 GRAND BLVD.
STE. 200
City-State-Zip: MIRAMAR BEACH FL 32550

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: JAMES(JIM) ALTAMURA

PRESIDENT

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date