

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009942

Entity Name: VILLAS AT EDENFIELD ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE
5523 W CYPRESS ST SUITE 102
TAMPA, FL 33607**Current Mailing Address:**C/O REALMANAGE
P O BOX 803555
DALLAS, TX 75380 US**FEI Number:** 20-1134209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	CLARK, THOMAS
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607
Title	VP, TREASURER
Name	WILDE, JILL
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY
Name	HUGHES, MARY
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607
Title	PRESIDENT
Name	CLARK, SHIRLEY
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

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: THOMAS CLARK

PRESIDENT

03/18/2022

Electronic Signature of Signing Officer/Director Detail_____
Date