

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002754

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**7897954310CC**

**Entity Name:** VILLINI AT GLEN KERNAN PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE , FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**FEI Number: 20-2534336**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIRST COAST ASSOCIATION MANAGEMENT LLC  
11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 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:** MARGARET STOREY, CFO

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MULLANEY, SUE  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title           SECRETARY  
Name           WAGNER, PAIGE  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title           PRESIDENT  
Name           KANE, BRYANT  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title           DIRECTOR  
Name           FUSARO, BRUNO  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title           VP  
Name           ATRAN, ANDREA  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

*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:** BRYANT KANE

**PRESIDENT**

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date