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.	

## Officer/Director Detail ·

I

Officer/Director Detail.		
Title	P/S	
Name	SPIRITO, LAVINIA	
Address	485 2ND AVE. S.	
City-State-Zip:	NAPLES FL 34102	

### DOCUMENT# N0500004536

#### Entity Name: VILLAS VERACRUZ CONDOMINIUM ASSOCIATION, INC.

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

485 2ND AVE. S. NAPLES, FL 34102

#### **Current Mailing Address:**

3400 9TH STREET N. #302 C/O KPG ACCOUNTING NAPLES, FL 34103 US

#### FEI Number: 20-4779357

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

KPG ACCOUNTING SERVICES, INC. 485 2ND AVE. S. NAPLES, FL 34102 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: KEVIN P GAFFNEY

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

SIGNATURE: LAVINIA SPIRITO

P/S

Certificate of Status Desired: No

04/18/2019 Date

Date

FILED Apr 18, 2019 Secretary of State 0389427515CC

04/18/2019