

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000764

**Entity Name:** THE VILLAS OF SEAGATE AT ST. JOSEPH SOUND OWNERS' ASSOCIATION, INC.**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC7558064542****Current Principal Place of Business:**2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 US**FEI Number:** 20-4218066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 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:** BRADLEY POMP

04/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	ORA, MELVIN
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	SECRETARY, DIRECTOR
Name	MUDRI, MARJORIE
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	PLATT, LAWRENCE
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	QUAGLIA, KRISTINE
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	VP, DIRECTOR
Name	SHARMA, TUSHAR
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

*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:** MELVIN ORA**PRESIDENT**

04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date