Current Principal Place of Pusinees			4605727122CC	
	cipal Place of Business:			
315 E. NEW EN WINTER PARK				
	, 12 32703			
Current Mai	ling Address:			
	ENGLAND AVE.			
WINTER PA	RK, FL 32789 US			
FEI Number	: 26-1704522		Certificate of Status Desire	<b>d:</b> No
Name and A	ddress of Current Registered Agent:			
CAMPISI, JAME	ES M IGLAND AVENUE			
UNIT 29				
WINTER PARK	, FL 32789 US			
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida	a.
SIGNATURE	: JAMES M. CAMPISI		C	6/13/2019
SIGNATURE	Electronic Signature of Registered Agent		C	06/13/2019 Date
Officer/Dire	Electronic Signature of Registered Agent		C	
	Electronic Signature of Registered Agent	Title	DS	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : DPT		DS	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : DPT CAMPISI, JAMES M	Name	DS CAMPISI, ANNMARIE 315 E. NEW ENGLAND AVE. #29	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT CAMPISI, JAMES M 315 E. NEW ENGLAND AVE. #29	Name Address	DS CAMPISI, ANNMARIE 315 E. NEW ENGLAND AVE. #29	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT CAMPISI, JAMES M 315 E. NEW ENGLAND AVE. #29	Name Address	DS CAMPISI, ANNMARIE 315 E. NEW ENGLAND AVE. #29	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT CAMPISI, JAMES M 315 E. NEW ENGLAND AVE. #29	Name Address	DS CAMPISI, ANNMARIE 315 E. NEW ENGLAND AVE. #29	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT CAMPISI, JAMES M 315 E. NEW ENGLAND AVE. #29	Name Address	DS CAMPISI, ANNMARIE 315 E. NEW ENGLAND AVE. #29	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT CAMPISI, JAMES M 315 E. NEW ENGLAND AVE. #29	Name Address	DS CAMPISI, ANNMARIE 315 E. NEW ENGLAND AVE. #29	

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 CAMPISI

HOA COORDINATOR

06/13/2019

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Jun 13, 2019

**Secretary of State** 

## DOCUMENT# N07000009928 Entity Name: VILLA SIENA WP CONDOMINIUM ASSOCIATION, INC.

Date