

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11970

Entity Name: VILLAS OF WILLOWOOD HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 28, 2017
Secretary of State
CC6843006195**Current Principal Place of Business:**C/O DAVENPORT PROF PROP MGMT LLC
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467**Current Mailing Address:**C/O DAVENPORT PROF PROP MGMT LLC
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467 US**FEI Number: 59-2601560****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PESTCOE & IGLESIAS, A PARTNERSHIP OF P.A.'S
2500 WESTON ROAD, SUITE 209
WESTON, FL 33331 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	VP
Name	KEISEL, LISA
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	PRESIDENT
Name	JIMENEZ, DEBI
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	TRES
Name	PIKE, JULIA (JUDY)
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	VANA, SHELLEY
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	VENEZIO, ELSA
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	THOMPSON, ROBERT
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	SECRETARY
Name	MEDEMA, WAYNE
Address	6620 LAKE WORTH RD STE F
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	ROSSY, CARMEN
Address	6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467

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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: DEBI JIMENEZ**PRESIDENT****03/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name QUINONES, PETER
Address C/O DAVENPORT PROF PROP MGMT LLC
6620 LAKE WORTH RD STE F
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name PETIT FRERE, SANDRINE
Address C/O DAVENPORT PROF PROP MGMT
LLC
6620 LAKE WORTH RD STE F
City-State-Zip: LAKE WORTH FL 33467