

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010645

**FILED**  
**Apr 01, 2021**  
**Secretary of State**  
**3771725652CC**

**Entity Name:** THE VILLAS AT THREE OAKS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1867 OAK GROVE COURT  
VERO BEACH, FL 32966

**Current Mailing Address:**

835 20TH PLACE  
VERO BEACH, FL 32960 US

**FEI Number: 46-5064821**

**Certificate of Status Desired: No**

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

ELLIOTT MERRILL COMMUNITY MGMT  
835 20TH PLACE  
VERO BEACH, FL 32960 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: CRAIG MERRILL**

**04/01/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PIERANGELI, STEPHEN  
Address        7474 WHITEOAK LANE  
City-State-Zip: VERO BEACH FL 32966

Title            VP, DIRECTOR  
Name            DALBERRI, LOUISA  
Address        1868 RED OAK TERRACE  
City-State-Zip: VERO BEACH FL 32966

Title            TREASURER, DIRECTOR  
Name            RIVERA, JOSE  
Address        7407 OAKRIDGE PLACE  
City-State-Zip: VERO BEACH FL 32966

Title            SECRETARY, DIRECTOR  
Name            ANDERSON, CARRIE  
Address        1880 RED OAK TERRACE  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR  
Name            AMIGO, VERA  
Address        7491 WHITEOAK LANE  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR  
Name            CALDWELL, WILLIAM  
Address        1862 OAKGROVE COURT  
City-State-Zip: VERO BEACH FL 32966

Title            DIRECTOR  
Name            KANTOR, MARIAN  
Address        7455 OAKRIDGE PLACE  
City-State-Zip: VERO BEACH FL 32966

*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: STEPHEN PIERANGELI**

**PRESIDENT**

**04/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date