

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21147

Entity Name: ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**APOGEE ASSOCIATION SERVCIES
3600 S. CONGRESS AVE. SUITE K
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O MYRA LINEAL
3310 NW 71ST STREET
COCONUT CREEK, FL 33073 US**FEI Number:** 65-0037417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIRZA BASULTO & ROBBINS, LLP
14160 PALMETTO FRONTAGE RD STE 22
MIAMI LAKES, FL 33016 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 PRESIDENT
Name LINEAL, MYRA
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

Title VP
Name MATTIOLI, CARLYN
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

Title SECRETARY
Name RUSSELL, ROBERT
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

Title TREASURER
Name LIVINGTON, GILBERT
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name KREIMEYER, TAMMY
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name KING, CATHY
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR
Name ROTH, MEREDITH PIPER
Address APOGEE ASSOCIATION SERVCIES
 3600 S. CONGRESS AVE. SUITE K
City-State-Zip: BOYNTON BEACH FL 33426

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: LINEAL , MYRA**PRESIDENT****04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date