

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24037

Entity Name: VILLAS I & II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5010/5020 N.BEACH RD #5
ENGLEWOOD, FL 34223

Current Mailing Address:

36 HERITAGE COURT
WOLCOTT, CT 06716 US

FEI Number: 75-1941685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PKWY STE 204
SARASOTA, FL 34240 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 TREASURER
Name WEST, SHARON
Address 36 HERITAGE COURT
City-State-Zip: WOLCOTT CT 06716

Title PD
Name KONOPA, MARCIA
Address 5020 N.BEACH RD. A3
City-State-Zip: ENGLEWOOD FL 34223

Title SD
Name JUDY, SWOPE
Address PO BOX 333
City-State-Zip: ST IGNACE MI 49781

Title TRUSTEE
Name ELKINS, DUANE
Address 5020 NORTH BEACH RD
 A4
City-State-Zip: ENGLEWOOD FL 34223

Title TRUSTEE
Name FALK, JEFF
Address 5010 NORTH BEACH RD
 B-6
City-State-Zip: ENGLEWOOD FL 34223

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: SHARON H WEST

TREASURER

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date