

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26439

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC2929337191**

**Entity Name:** VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

INFINITY COMMUNITY MANAGEMENT, INC.  
5350 10TH AVE. N, SUITE 2  
GREENACRES, FL 33463

**Current Mailing Address:**

INFINITY COMMUNITY MANAGEMENT, INC.  
5350 10TH AVE. N, SUITE 2  
GREENACRES, FL 33463 US

**FEI Number:** 65-0120256

**Certificate of Status Desired:** No

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

DICKER, KRIVOK & STOLOFF PA  
1818 AUSTRALIAN AVE SOUTH  
#400  
WEST PALM BEACH, FL 33401 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 PD  
Name OLES, CATHY  
Address 13836 53RD COURT N  
City-State-Zip: WEST PALM BEACH FL 33411

Title VPD  
Name ELSBERRY, JAMES  
Address 1985 MONKS COURT  
City-State-Zip: WEST PALM BEACH FL 33415

Title STD  
Name CORIA, OSCAR  
Address 1991 MONKS COURT  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** CATHY OLES

**PRESIDENT**

**02/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date