

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34329

**Entity Name:** VILLA COSTA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**6119029042CC**

**Current Principal Place of Business:**

3210 S OCEAN BLVD  
MANAGEMENT OFFICE  
HIGHLAND BEACH, FL 33487

**Current Mailing Address:**

VILLA COSTA CONDOMINIUM ASSOCIATION, INC.  
3210 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

LAW OFFICE OF ELAINE M. GATSOS  
5541 N. UNIVERSITY DRIVE  
SUITE 102  
CORAL SPRINGS, FL 33067 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: ELAINE M. GATSOS**

**04/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAURIA, PHILLIP A.  
Address        3210 S. OCEAN BLVD  
                  UNIT 204  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            VP  
Name            MELDRUM, BERNARD R.  
Address        3210 S. OCEAN BLVD  
                  UNIT 601  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            SECRETARY  
Name            ZEICHNER, MARK  
Address        3210 S. OCEAN BLVD  
                  UNIT 801  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            TREASURER  
Name            GARNER, RONALD J.  
Address        3210 S. OCEAN BLVD  
                  UNIT 405  
City-State-Zip: HIGHLAND BEACH FL 33487

Title            DIRECTOR  
Name            FRIEDMAN, JANET C.  
Address        3210 S. OCEAN BLVD  
                  UNIT 402  
City-State-Zip: HIGHLAND BEACH FL 33487

*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: PHILLIP A. LAURIA**

**PRESIDENT**

**04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date