

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

DOCUMENT# N40998

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC9678651766**

**Entity Name:** VILLA PLATI HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1037 STATE ROAD 7  
SUITE 302  
WELLINGTON, FL 33414

**Current Mailing Address:**

1037 STATE ROAD 7  
SUITE 302  
WELLINGTON, FL 33414 US

**FEI Number:** 65-0500529

**Certificate of Status Desired:** No

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

ABRAMSON, LAWRENCE  
1860 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 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	D
Name	IRELAND, JAMES
Address	304 ATLANTICE AVE #4
City-State-Zip:	PALM BEACH FL 33480
Title	VP
Name	HOLLADAY, WALLACE JR.
Address	230 BRADLEY PLACE
City-State-Zip:	PALM BEACH FL 33480

Title	S
Name	ABRAMSON, RUTH
Address	305 EVERGLADES AVENUE
City-State-Zip:	PALM BEACH FL 33480
Title	PT
Name	FINGOLD, DAVID
Address	303 EVERGLADES AVE
City-State-Zip:	PALM BEACH FL 33480

*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:** DAVID FINGOLD

PT

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date