#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001416

Entity Name: HABITAT VILLAS COMMUNITY ASSOCIATION, INC.

**FILED** Feb 11, 2020 **Secretary of State** 8342384339CC

# **Current Principal Place of Business:**

5600 S.W. 135TH AVENUE SUITE 108 MIAMI, FL 33183

# **Current Mailing Address:**

5600 S.W. 135TH AVENUE SUITE 108

MIAMI, FL 33183 US

FEI Number: 65-0483394 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BALDY MARTINEZ, PA 1999 SW 27 AVENUE MIAMI, FL 33145 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: BALDY MARTINEZ 02/11/2020

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

SUITE 108

**PRESIDENT** Title Title **TREASURER** WEATHERS. VALERIE ELZIE. DARROL Name Name

Address 5600 S.W. 135 AVENUE Address 5600 S.W. 135 AVENUE

SUITE 108

MIAMI FL 33183 MIAMI FL 33183 City-State-Zip: City-State-Zip:

Title VΡ Title **SECRETARY** NEWTON, RAYMOND WRIGHT, BRUCE Name Name

5600 S.W. 135 AVENUE 5600 S.W. 135 AVENUE Address Address

> SUITE 108 SUITE 108

MIAMI FL 33183 City-State-Zip: MIAMI FL 33183 City-State-Zip:

Title Title **DIRECTOR DIRECTOR** 

DELANCY, ANTHONY Name FLOWERS, GWENDOLYN Name Address

5600 S.W. 135 AVENUE 5600 S.W. 135TH AVENUE Address SUITE 108

SUITE 108

MIAMI FL 33183 MIAMI FL 33183 City-State-Zip: City-State-Zip:

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: VALERIE WEATHERS

**PRESIDENT** 

02/11/2020