

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005897

**Entity Name:** VILLA ROSA MASTER ASSOCIATION, INC.**Current Principal Place of Business:**4131 GUNN HWY  
TAMPA, FL 33618**Current Mailing Address:**4131 GUNN HWY  
TAMPA, FL 33618 US**FEI Number:** 59-3366631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHUMAKER, LOOP & KENDRICK  
BANK OF AMERICA PLAZA  
101 E. KENNEDY BLVD STE 2800  
TAMPA, FL 33602 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:** JONATHAN ELLIS

04/13/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	LANGSAM, STUART
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	PD
Name	CALVO, CARL
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	T/S
Name	TOUSIGNANT, NORMAN
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	VPD
Name	JOHNSON, NELS
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	D
Name	PAOLINI, RICHARD
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

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:** CARL CALVO**PRESIDENT**

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date