

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000660

**Entity Name:** THE VILLAGES OF PALM-AIRE MAINTENANCE ASSOCIATION, INC.**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**0669647409CC****Current Principal Place of Business:**9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202**Current Mailing Address:**9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202**FEI Number: 65-0814415****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADVANCED MGMT OF SW FLORIDA, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 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           | PRESIDENT                 |
| Name            | SICKLES, LEON             |
| Address         | 9031 TOWN CENTER PARKWAY. |
| City-State-Zip: | BRADENTON FL 34202        |

|                 |                       |
|-----------------|-----------------------|
| Title           | AS                    |
| Name            | WILSON, DOUGLAS       |
| Address         | 9031 TOWN CENTER PKWY |
| City-State-Zip: | BRADENTON FL 34202    |

|                 |                          |
|-----------------|--------------------------|
| Title           | TREASURER                |
| Name            | WEBB, BOB                |
| Address         | 9031 TOWN CENTER PARKWAY |
| City-State-Zip: | BRADENTON FL 34202       |

|                 |                          |
|-----------------|--------------------------|
| Title           | SECRETARY                |
| Name            | NACHAND, SUSAN           |
| Address         | 9031 TOWN CENTER PARKWAY |
| City-State-Zip: | BRADENTON FL 34202       |

*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: DOUGLAS E WILSON****AS****02/08/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date