

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

DOCUMENT# N98000005908

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

**Current Principal Place of Business:**

6750 VILA VILLA BORGHESE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

C/O CASTLE GROUP  
12270 SW 3RD STREET SUITE 200  
PLANTATION, FL 33325 US

**FEI Number:** 65-1007304

**Certificate of Status Desired:** No

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

SACHS SAX AND CAPLAN  
6111 BROKEN SOUND PARKWAY NW SUITE 200,  
BOCA RATON, FL 33487 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:** SACHS SAX

08/06/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BILLUPS, KENNETH  
Address        13775 VIALE VENEZIA  
City-State-Zip: DELRAY BEACH FL 33446

Title            1ST VP  
Name            DEMARCO, TONY  
Address        7034 VIA GENOVA  
City-State-Zip: DELRAY BEACH FL 33446

Title            2ND VP  
Name            GORDON, WENDY  
Address        13828 VIA DA VINCI  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            KROL, MIRIAM  
Address        6755 VIALE ELIZABETH  
City-State-Zip: DELRAY BEACH FL 33446

Title            TREASURER  
Name            WALDSMITH, DALE  
Address        6827 VIALE ELIZABETH  
City-State-Zip: DELRAY BEACH FL 33446

Title            ASST. TREASURER  
Name            SILVERMAN, MARK  
Address        6797 VIALE ELIZABETH  
City-State-Zip: DELRAY BEACH FL 33446

Title            ASST. SECRETARY  
Name            MCKENNAN, DON  
Address        6589 VIA TRENTO  
City-State-Zip: DELRAY BEACH FL 33446

*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:** BILLUPS , KENNETH

PRESIDENT

08/06/2021

Electronic Signature of Signing Officer/Director Detail

Date