

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712527

FILED  
Mar 22, 2010  
Secretary of State

**Entity Name:** VILLA DE PALMAS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

109 VIA DELAREINA  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 541626  
MERRITT ISLAND, FL 32954 US

**New Mailing Address:**

FEI Number: 59-2376719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WASH, CLARENCE W  
109 VIA DELAREINA  
MERRITT ISLAND, FL 32953 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAGE, TOM  
Address: 249 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP  
Name: BEYERSDORF, PAUL O  
Address: 157 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S  
Name: CUDA, KATHY  
Address: 128 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T  
Name: WASH, CLARENCE W  
Address: 109 VIA DELAREIAN  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D  
Name: BOWEN, NANCY  
Address: 244 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D  
Name: HARLOW, MARY LOU  
Address: 168 VIA HAVARRE  
City-St-Zip: MERRITT ISLAND, FL 32953

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: CLARENCE W. WASH

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03/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date