

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726264

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** VILLA SABINE TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

452-522 FT. PICKENS RD.  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 59-1687241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELGER, TOM  
114 BAY BRIDGE DR  
GULF BREEZE, FL 32561 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: PD  
Name: TIMMS, JIM  
Address: 522 FT. PICKENS RD  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SD  
Name: BARBERI, KIM  
Address: 506 FT. PICKENS RD.  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D  
Name: DIAS, HENRIQUE  
Address: 1227 E. JACKSON ST  
City-St-Zip: PENSACOLA, FL 32501

Title: TD  
Name: BELGER, TOM  
Address: P.O. BOX 36  
City-St-Zip: GULF BREEZE, FL 32562

Title: D  
Name: BROZ, PETER  
Address: 3480 ASHMORE LN  
City-St-Zip: PACE, FL 32571

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: THOMAS A BELGER

TD

04/14/2011

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

\_\_\_\_\_  
Date