

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734952

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2530 VIA VITTORIA CT  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

2575 VIA VITTORIA COURT  
MERRITT ISLAND, FL 32953 US

**Current Mailing Address:**

2530 VIA VITTORIA CT  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

PO BOX 540733  
MERRITT ISLAND, FL 32954 US

**FEI Number:** 59-3273718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SESCO, MARGARET E PRES.  
2530 VIA VITTORIA CT  
MERRITT ISLAND, FL 32953 US

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

OWEN, DEBRA J PRES.  
2575 VIA VITTORIA COURT  
MERRITT ISLAND, FL 32953 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: DEBRA OWEN

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FERNANDEZ, BRENDA  
Address: 2555 VIA VITTORIA CT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD  
Name: OWEN, DEBRA  
Address: 2575 VIA VITTORIA CT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: BM  
Name: SESCO, MARGARET  
Address: 2530 VIA VITTORIA CT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP  
Name: SAKSON, RONA  
Address: 2570 VIA VENETO CT  
City-St-Zip: MERRITT ISLAND, FL 32853

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: DEBRA OWEN

PD

03/08/2012

Electronic Signature of Signing Officer or Director

Date