

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

DOCUMENT# 742300

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** THE VILLAS-CENTRAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1603 GOLFVIEW DR W  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

1603 GOLFVIEW DR W  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 59-1861064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORROCCO, ANNE  
1603 GOLFVIEW DRIVE WEST  
PEMBROKE PINES, FL 33026 US

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

LLANOS, MARIA  
1603 GOLFVIEW DRIVE WEST  
PEMBROKE PINES, FL 33026 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:** MARIA LLANOS

01/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LLANOS, MARIA  
**Address:** 1603 GOLFVIEW DRIVE WEST  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** VP  
**Name:** GELETKA, MICHAEL  
**Address:** 1603 GOLFVIEW DRIVE WEST  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** T  
**Name:** WALTERS, CARMEN  
**Address:** 1603 GOLFVIEW DRIVE W  
**City-St-Zip:** PEMBROKE PINES, FL 33026

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:** MARIA LLANOS

P

01/15/2011

Electronic Signature of Signing Officer or Director

Date