


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90038 017 \*\*\*\*61.25

DOCUMENT # 744673					
1. Entity Name VILLA MAR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1600 N. OCEANSHORE BLVD P O BOX 599 FLAGLER BEACH, FL 32136		Mailing Address 1600 N. OCEANSHORE BLVD P O BOX 599 FLAGLER BEACH, FL 32136			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2065161	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAPIENZA, STEPHEN 300 N. STATE ST BUNNELL, FL 32110			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, GENIE		NAME	LEE M. Tilghman	
STREET ADDRESS	1605 N. OCEANSHORE BLVD.		STREET ADDRESS	1631 N. OCEANSHORE Blvd.,	
CITY-ST-ZIP	FLAGLER BEACH, FL		CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECKLER, EDWARD		NAME		
STREET ADDRESS	1615 N OCEANSHORE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILGHMAN, M. LEE		NAME	Edward J. Crescenta	
STREET ADDRESS	1631 N OCEANSHORE BLVD.		STREET ADDRESS	1609 N. OCEANSHORE Blvd.	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BETTY		NAME	DAVID E. NEDDEAU	
STREET ADDRESS	1603 N. OCEANSHORE BLVD.		STREET ADDRESS	1627 N. OCEANSHORE Blvd	
CITY-ST-ZIP	FLAGLER BEACH, FL		CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVANEY, VICKIE		NAME	IRENE TILGHMAN	
STREET ADDRESS	1623 N. OCEANSHORE BLVD.		STREET ADDRESS	1621 N. OCEANSHORE Blvd.	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136		CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Edward K. Steckler</i> [Edward K. STECKLER, TREASURER]			01/13/05 (3PL)439-0246		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		