

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM
Secretary of State

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



01242007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2065161

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPIENZA, STEPHEN
300 N. STATE ST
BUNNELL, FL 32110

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000617179
02/07/07-80064-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TILGHMAN, LEE M
STREET ADDRESS 1631 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE TD
NAME STECKLER, EDWARD
STREET ADDRESS 1615 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE D
NAME CRESCENTA, EDWARD J
STREET ADDRESS 1609 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE VD
NAME NEDDDEALL, DAVID E
STREET ADDRESS 1627 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE SD
NAME TILGHMAN, IRENE
STREET ADDRESS 1621 N OCEANSHORE BLVD
CITY-ST-ZIP FLAGLER BEACH, FL 32136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Edward K. Steckler [Edward K. STECKLER, TREASURER] 02/28/07 (386) 439-0246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #