


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744673</b>		
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	



01102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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  SAPIENZA, STEPHEN 300 N. STATE ST BUNNELL, FL 32110
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILGHMAN, LEE M 1631 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STECKLER, EDWARD 1615 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESCENTA, EDWARD J 1609 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEDDDEALL, DAVID E 1627 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TILGHMAN, IRENE 1621 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000789549  
01/22/08-80028-020 61.25

**DO NOT WRITE  
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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) 01/15/08 (386) 439-0246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #