2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744673

FILED Jul 14, 2009 Secretary of State

Entity Name: VILLA MAR HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
1600 N. O	CEANSHORE BLVD	1600 N. OCEANSHORE BLVD
O BOX 5	599	FLAGLER BEACH, FL 32136
FLAGLER	BEACH, FL 32136	
Current M	lailing Address:	New Mailing Address:
600 N O	CEANSHORE BLVD	1600 N. OCEANSHORE BLVD
O BOX 5	599	FLAGLER BEACH, FL 32136
LAGLER	BEACH, FL 32136	
	: 59-2065161 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
	ce with s. 607.193(2)(b), F.S., the corporation di	•
Name and	I Address of Current Registered Agent:	: Name and Address of New Registered Agent:
SAPIENZA	A, STEPHEN	
300 N. STA		
3UNNELL	, FL 32110 US	
The above	named entity submits this statement for the	he purpose of changing its registered office or registered agent, or both
	e of Florida.	
NONATUR	DE:	
SIGNATUF		Award
	Electronic Signature of Registered	Agent Date
)FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
itle:	PD () Delete	Title: () Change () Addition
lame:	TILGHMAN, LEE M	Name:
ddress:	1631 N OCEANSHORE BLVD	Address:
ity-St-Zip:	FLAGLER BEACH, FL 32136	City-St-Zip:
itle:	TD () Delete	Title: () Change () Addition
lame:	STECKLER, EDWARD	Name:
\ddress:	1615 N OCEANSHORE BLVD	Address:
ity-St-Zip:	FLAGLER BEACH, FL 32136	City-St-Zip:
ïtle:	D () Delete	Title: () Change () Addition
lame:	CRESCENTA, EDWARD J	Name:
ddress:	1609 N OCEANSHORE BLVD	Address:
ity-St-Zip:	FLAGLER BEACH, FL 32136	City-St-Zip:
ïtle:	VD () Delete	Title: () Change () Addition
lame:	NEDDDEALL, DAVID E	Name:
ddress:	1627 N OCEANSHORE BLVD	Address:
ity-St-Zip:	FLAGLER BEACH, FL 32136	City-St-Zip:
ītle:	SD () Delete	Title: () Change () Addition
lame:	TILGHMAN, IRÉNE	Name:
\ddress:	1621 N OCEANSHORE BLVD	Address:
City-St-Zip:	FLAGLER BEACH, FL 32136	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD STECKLER TD 07/14/2009