

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001360

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** VILLAS AT ESTUARY PHASE III HOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2067 N.W. CHENILLE  
STUART, FL 34994 US

**New Principal Place of Business:**

2235 N.W. PLUMBAGO TRAIL  
STUART, FL 34994 US

**Current Mailing Address:**

1501 S.E. DECKER AVIE  
A101  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-1103642      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

5 M'S PROPERTY MANAGEMENT  
1501 SE DECKER AVE  
STUART, FL 34994 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TOSCANO, ANGELO  
Address: 1501 SE DECKER AVE, SUITE A101  
City-St-Zip: STUART, FL 34994

Title: TD/S  
Name: RIVAS, VICTOR  
Address: 1501 SE DECKER AVE. SUITE A 101  
City-St-Zip: STUART, FL 34994

Title: VP  
Name: BANGS, PAUL  
Address: 1501 S.E. DECKER AVE, SUITE A 101  
City-St-Zip: STUART, FL 34994

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: MICHAEL A. MAZZIOTTA

R.A.

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date