

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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1. Entity Name

VILLA RICA TOWN HOMES ASSOCIATION, INC.



Principal Place of Business

4420 N.E. 5TH AVENUE
BOCA RATON, FL 33431

Mailing Address

4420 N.E. 5TH AVENUE
BOCA RATON, FL 33431



03202008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-4669640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIPP, TAMMY
4420 NE 5TH AVENUE
BOCA RATON, FL 33431

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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

Tammy Knipp **TAMMY KNIPP**

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

(NOTE: Registered Agent signature required when reinstating)

3/21/08
DATE

**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 P
NAME KNIPP, TAMMY
STREET ADDRESS 4420 NE 5TH AVENUE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE S
NAME JONES, NANCY
STREET ADDRESS 865 HIBISCUS STREET
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

04/25/08-80016-004 61.25

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:

Tammy Knipp **TAMMY KNIPP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08
Date

561-417-4272
Daytime Phone #