

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21147

FILED
Apr 10, 2012
Secretary of State

Entity Name: ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

APOGEE ASSOCIATION SERVICES
3600 S. CONGRESS AVE. SUITE K
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

APOGEE ASSOCIATION SERVICES
3600 S. CONGRESS AVE. SUITE K
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

APOGEE ASSOCIATION SERVICES
3600 S. CONGRESS AVE. SUITE K
BOYNTON BEACH, FL 33426 US

New Mailing Address:

APOGEE ASSOCIATION SERVICES
3600 S. CONGRESS AVE. SUITE K
BOYNTON BEACH, FL 33426 US

FEI Number: 65-0037417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP CROYLE
2500 NORTH MILITARY TRAIL
SUITE 480
BOCA RATON, FL 33431 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: DIR
Name: COUTLEY, TYANN
Address: 3600 SOUTH CONGRESS AVE SUITE K
City-St-Zip: BOYNTON BEACH, FL 33426

Title: PRES
Name: KING, CATHY
Address: 3600 SOUTH CONGRESS AVE SUITE K
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TRES
Name: LIVINGSTON, GIL
Address: 3600 SOUTH CONGRESS AVE SUITE K
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S
Name: BRYCE, RUSSEL
Address: 3600 SOUTH CONGRESS AVE SUITE K
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP
Name: LINEAL, MYRA
Address: 3600 SOUTH CONGRESS AVE SUITE K
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DIR
Name: TADDINIO, PAUL
Address: 3600 SOUTH CONGRESS AVE SUITE K
City-St-Zip: BOYNTON BEACH, FL 33426

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: C. KING

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date