

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745173

Entity Name: THE VILLAS-LAKES ASSOCIATION, INC.**Current Principal Place of Business:**1590 N. HIATUS ROAD
PEMBROKE PINES, FL 33026**Current Mailing Address:**1590 N. HIATUS ROAD
PEMBROKE PINES, FL 33026**FEI Number:** 59-1903157**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NACHMAN, IRVIN W.
4441 STIRLING ROAD
FT. LAUDERDALE, FL 33314 US*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**Officer/Director Detail :**

Title	S
Name	FUILLERAT, VIRGINIA
Address	11210 NW 14 COURT
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	WURMSER, ETHEL (RUSTY) K
Address	11371 NW 16 STREET
City-State-Zip:	PEMBROKE PINES FL 33026

Title	T
Name	SCARLETT, MICHAEL
Address	11243 NW 16 COURT
City-State-Zip:	PEMBROKE PINES FL 33026

Title	P
Name	CARIDE, ISABEL
Address	11241 NW 14 COURT
City-State-Zip:	PEMBROKE PINES FL 33026

Title	VP
Name	SYATT, ALLEN
Address	1520 NW 113 TERR.
City-State-Zip:	PEMBROKE PINES FL 33026

Title	D
Name	JOVE, EYDA
Address	11325 NW 16 STREET
City-State-Zip:	PEMBROKE PINES FL 33026

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: ISABEL CARIDE**PRESIDENT****03/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date