2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2015
Secretary of State
CC5594629520

DOCUMENT# 748980

Entity Name: VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1971480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 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	PRESIDENT
Name	JOHNSTON, DANA
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	FRANZESE, CAROLANNE
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	MORENA, JOE
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	TALOTTA, TONY
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	TOBIAS, SANDRA
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	MARSHALL, MAUREEN
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	CORSELLO, JERRY
Address	5837 TROUBLE CREEK ROAD
City-State-Zip:	NEW PORT RICHEY FL 34652

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: DANA JOHNSTON PRESIDENT 04/20/2015

Electronic Signature of Signing Officer/Director Detail — Date