

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750125

**Entity Name:** VILLA MADEIRA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777**Current Mailing Address:**C/O RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US**FEI Number:** 59-2222487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RABIN PARKER  
28163 US HWY 19 N  
207  
CLEARWATER, FL 33761 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 VP/T  
Name SMITH, RAY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR  
Name ANTHONY, COLIN  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR  
Name JARRETT, BRYAN  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777Title SECRETARY  
Name BACKER, DAVE  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR  
Name ROSSER, CHRISTOPHER  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777Title PRESIDENT  
Name DAMER, SCOTT  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR  
Name BASSO, LOUIS  
Address C/O RESOURCE PROPERTY  
MANAGEMENT  
7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*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:** SCOTT DAMER

PRESIDENT

04/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date