

2016 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 BESHARA, COLLEEN
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

03/16/2016

Electronic Signature of Signing Officer/Director Detail_____
Date