

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756376

**Entity Name:** GREEN VALLEY ESTATES VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

10500 UNIVERSITY CENTER DR., SUITE 190  
SUITE 190  
TAMPA, FL 33612

**Current Mailing Address:**

10500 UNIVERSITY CENTER DR., SUITE 190  
SUITE 190  
TAMPA, FL 33612 US

**FEI Number:** 59-2838391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VANGUARD MANAGEMENT GROUP, LLC  
10500 UNIVERSITY CENTER DR., SUITE 190  
SUITE 190  
TAMPA, FL 33612 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:** JANET MOYER

03/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PERLOW, HARRY  
Address        10500 UNIVERSITY CENTER DR.,  
                  SUITE 190  
                  SUITE 190  
City-State-Zip: TAMPA FL 33612

Title            TREASURER  
Name            KISZ, JOANNE G  
Address        10500 UNIVERSITY CENTER DR.,  
                  SUITE 190  
                  SUITE 190  
City-State-Zip: TAMPA FL 33612

Title            SECRETARY  
Name            PERLOW, VICKI  
Address        10500 UNIVERSITY CENTER DR.,  
                  SUITE 190  
                  SUITE 190  
City-State-Zip: TAMPA FL 33612

Title            DIRECTOR  
Name            PEEL, GEORGE  
Address        10500 UNIVERSITY CENTER DR.,  
                  SUITE 190  
                  SUITE 190  
City-State-Zip: TAMPA FL 33612

Title            VP  
Name            JONES, THOMAS  
Address        10500 UNIVERSITY CENTER DR.,  
                  SUITE 190  
                  SUITE 190  
City-State-Zip: TAMPA FL 33612

Title            DIRECTOR  
Name            GAGE, PAUL  
Address        10500 UNIVERSITY CENTER DR.  
                  SUITE 190  
City-State-Zip: TAMPA FL 33612

*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:** PERLOW , HARRY

PRESIDENT

03/22/2024

Electronic Signature of Signing Officer/Director Detail

Date