

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000750

**Entity Name:** VILLAS AT PALM SPRINGS HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 23, 2016**  
**Secretary of State**  
**CC7451053222****Current Principal Place of Business:**1500 GATEWAY BLVD  
SUITE 220  
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O VICTORY ACCTG SERVICE  
PO BOX 243399  
BOYNTON BEACH, FL 33424-3399**FEI Number: 90-0076157****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FEICHT, VICKI  
1500 GATEWAY BLVD  
SUITE 220  
BOYNTON BEACH, FL 33426 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  
Name ISSA, AHMED  
Address 384 N. PALM VILLAS WAY  
City-State-Zip: PALM SPRINGS FL 33461Title PRESIDENT  
Name HARRISON, DONOVAN  
Address 192 S PALM VILLAS WAY  
City-State-Zip: PALM SPRINGS FL 33461Title DIRECTOR  
Name GAUTAM, RISHIKESH  
Address 380 N. PALM VILLAS WAY  
City-State-Zip: PALM SPRINGS FL 33461Title SECRETARY  
Name FANEGO, MERCEDES  
Address 160 S. PALM VILLAS WAY  
City-State-Zip: PALM SPRINGS FL 33461Title TREASURER  
Name REYNOLDS, BARBARA  
Address 364 N. PALM VILLAS WAY  
City-State-Zip: PALM SPRINGS FL 33461

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: DONOVAN HARRISON****PRESIDENT****03/23/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date