

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004952

**Entity Name:** VILLA CAPRI TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

2634 N.E. 15TH STREET  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

2634 N.E. 15TH STREET  
FT. LAUDERDALE, FL 33304

**FEI Number: 45-0486202**

**Certificate of Status Desired: No**

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

COHEN, CAMERON  
2634 N.E. 15TH STREET  
FT. LAUDERDALE, FL 33304 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 PD  
Name COHEN, CAMERON  
Address 2634 N.E. 15TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33304

Title VPD  
Name ZAHORCHAK, THOMAS  
Address 2632 N.E. 15TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33304

Title STD  
Name ZAHORCHAK, CLAUDIA  
Address 2632 N.E. 15TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33304

*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: CAMERON COHEN**

**PRESIDENT**

**01/16/2013**

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

\_\_\_\_\_  
Date