

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

DOCUMENT# N01000007921

**Entity Name:** ALBANY VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

410 S. ALBANY AVENUE  
UNIT 5  
TAMPA, FL 33606

**Current Mailing Address:**

410 S. ALBANY AVENUE  
UNIT 5  
TAMPA, FL 33606

**FEI Number:** 04-3643697

**Certificate of Status Desired:** No

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

SIMON, DARA M  
410 S. ALBANY AVENUE  
UNIT 1  
TAMPA, FL 33606 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            DST  
Name            SIMON, DARA  
Address        410 S. ALBANY AVENUE, UNIT 1  
City-State-Zip: TAMPA FL 33606

Title            DP  
Name            HEIN, TAMARA  
Address        410 S. ALBANY AVENUE, UNIT 2  
City-State-Zip: TAMPA FL 33606

*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:** DARA SIMON

**TREASURER**

**04/05/2015**

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

\_\_\_\_\_  
Date