

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010709

Entity Name: THE VILLAS OF SAN MARINO AT PALM HARBOR
HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 30, 2015
Secretary of State
CC6109864649**Current Principal Place of Business:**5901 US HWY 19 S
SUITE 7
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5901 US HWY 19 S
SUITE 7
NEW PORT RICHEY, FL 34652 US**FEI Number: 20-2046029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HIGHWAY 19, SOUTH
SUITE 7
NEW PORT RICHEY, FL 34652 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: MARY A WHITE****04/30/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	MIKULICIC, DOUGLAS
Address	5901 US HWY 19 S SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRESIDENT
Name	MISLEVY, JOE
Address	5901 US HWY 19 S SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	NICASTRO, FELICIA
Address	5901 US HWY 19 S SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR, TREASURER
Name	TUCCI, LUIGI
Address	5901 US HWY 19 S SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	DIRECTOR
Name	RUIZ, ROBERT
Address	5901 US HWY 19 S SUITE 7
City-State-Zip:	NEW PORT RICHEY FL 34652

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: JOE MISLEVY**PRESIDENT****04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date