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 effective	ct 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 a	as required by Chapter 617, Florida Statutes; and th	at my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JANET CURLEY	MANAGING MEMBER	04/28/2015

SIGNATURE: JANET CURLEY

Electronic Signature of Signing Officer/Director Detail

10195 TRAMORE AVE ENGLEWOOD, FL 34224

Current Mailing Address:

55 APSEN DR. BRIDGEWATER, MA 02324

FEI Number: 20-8267082

Name and Address of Current Registered Agent:

STURGES, ERNEST WJR 701 JC CENTER COURT, SUITE 3 PORT CHARLOTTE, FL 33954 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

Officer/Director Detail :

Title	PSTD	Title	VD
Name	CURLEY, DAVID	Name	CURLEY, JANET CURLEY
Address	55 ASPEN DR.	Address	55 APSPEN DR.
City-State-Zip:	BRIDGEWATER MA 02324	City-State-Zip:	BRIDGEWATER MA 02324

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500009017

Entity Name: THE VILLAS AT TRAMORE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

Apr 28, 2015 Secretary of State CC5558011962

Certificate of Status Desired: No

FILED

Date

Date

MANAGING MEMBER