

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002201

Entity Name: TRA PONTI VILLAGGIO OWNERS ASSOCIATION, INC**Current Principal Place of Business:**460 N TAMIAMI TRAIL
OSPREY, FL 34229**Current Mailing Address:**460 N TAMIAMI TRAIL
OSPREY, FL 34229 US**FEI Number:** 37-1792613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF WELLS, OLAH, COCHRAN, P.A.
3277 FRUITVILLE RD
BLDG B
SARASOTA, FL 34237 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:** WILLIAM MORRIS

04/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WOOLNOUGH, BRUCE
Address 460 N TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

Title VP
Name PAPE, HELEN
Address 460 N TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

Title TREASURER
Name MORRIS, WILLIAM
Address 460 N TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

Title SECRETARY
Name KONARSKE, GERALD
Address 460 N TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

Title DIRECTOR
Name FRITSCH, CAROL
Address 460 N TAMIAMI TRAIL
City-State-Zip: OSPREY FL 34229

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: WILLIAM MORRIS

TREASURER

04/15/2022

Electronic Signature of Signing Officer/Director Detail

Date