

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010272

**Entity Name:** VILLAS OF SOUTH PALM HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC9813563410**

**Current Principal Place of Business:**

6601 MEMORIAL HWY., SUITE 200  
TAMPA, FL 33615

**Current Mailing Address:**

6601 MEMORIAL HWY., SUITE 200  
TAMPA, FL 33615 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BAKKALAPULO, PAUL  
6601 MEMORIAL HWY., SUITE 200  
TAMPA, FL 33615 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            D  
Name            BAKKALAPULO, PAUL  
Address        6601 MEMORIAL HWY., SUITE 200  
City-State-Zip: TAMPA FL 33615

*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:** PAUL BAKKALAPULO

D

01/24/2017

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

\_\_\_\_\_ Date