

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000010204

**FILED**  
**Jan 24, 2024**  
**Secretary of State**  
**3490863550CC**

**Entity Name:** VILLAMAR PHASE 3 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

375 AVENUE A SE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

375 AVENUE A SE  
WINTER HAVEN, FL 33880 US

**FEI Number:** 87-2924532

**Certificate of Status Desired:** No

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

PRIME COMMUNITY MANAGEMENT, LLC  
375 AVENUE A SE  
WINTER HAVEN, FL 33880 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 PD  
Name RHINEHART, ANDREW  
Address 346 E. CENTRAL AVENUE  
City-State-Zip: WINTER HAVEN FL 33880

Title VPD  
Name SCHWENK, LAUREN  
Address 346 E. CENTRAL AVENUE  
City-State-Zip: WINTER HAVEN FL 33880

Title STD  
Name CASSIDY, ALBERT S  
Address 346 E. CENTRAL AVENUE  
City-State-Zip: WINTER HAVEN FL 33880

*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:** ANDREW RHINEHART

**DP**

**01/24/2024**

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

\_\_\_\_\_  
Date