

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25597

**Entity Name:** ST. DAVID'S ISLAND PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 12, 2021**  
**Secretary of State**  
**2138981182CC**

**Current Principal Place of Business:**

100 VISTA ROYALE BLVD.  
VERO BEACH, FL 32962

**Current Mailing Address:**

100 VISTA ROYALE BLVD.  
VERO BEACH, FL 32962 US

**FEI Number: 65-0125303**

**Certificate of Status Desired: No**

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

ROMANO, ALAN P  
100 VISTA ROYALE BLVD.  
VERO BEACH, FL 32962 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: ALAN P. ROMANO**

**04/12/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           NOE, ROBERT  
Address        100 VISTA ROYALE BLVD.  
City-State-Zip: VERO BEACH FL 32962

Title           DIRECTOR  
Name           MINOR, CARYL  
Address        100 VISTA ROYALE BLVD.  
City-State-Zip: VERO BEACH FL 32962

Title           PRESIDENT  
Name           BADGER , CONNIE  
Address        100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32967

Title           VP  
Name           ECKERT, WENDY  
Address        100 VISTA ROYALE BLVD.  
City-State-Zip: VERO BEACH FL 32962

Title           SECRETARY  
Name           UNDERWOOD, THOMAS  
Address        100 VISTA ROYALE BLVD  
City-State-Zip: VERO BEACH FL 32967

*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: CONNIE BADGER**

**PRESIDENT**

**04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date