

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41153

**Entity Name:** VILLA SERENO ASSOCIATION, INC.

**Current Principal Place of Business:**

112 N. PONCE DE LEON BLVD, UNIT C.  
ST AUGUSTINE, FL 32085

**Current Mailing Address:**

PO BOX 1389  
ST. AUGUSTINE, FL 32085 US

**FEI Number:** 59-1489616

**Certificate of Status Desired:** No

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

ALSOP PROPERTY MANAGEMENT  
112 N. PONCE DE LEON BLVD, UNIT C.  
ST AUGUSTINE, FL 32085 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:** JANEEN RAULERSON

02/14/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC  
Name OLIVER, KARYN  
Address 112 N PONCE DE LEON BLVD, UNIT C.  
City-State-Zip: ST. AUGUSTINE FL 32085

Title TREASURER  
Name PAPAC, WILLIAM  
Address 112 N. PONCE DE LEON, UNIT C.  
City-State-Zip: ST. AUGUSTINE FL 32085

Title PRESIDENT  
Name MARTIN, DEAN  
Address 112 N. PONCE DE LEON BLVD UNIT C  
City-State-Zip: ST AUGUSTINE FL 32085

Title VP  
Name EBY, TERRY  
Address 112 N. PONCE DE LEON BLVD, UNIT C  
City-State-Zip: ST AUGUSTINE FL 32085

Title DIRECTOR  
Name RANCOURT, WILFRED  
Address 112 N. PONCE DE LEON BLVD, UNIT C  
City-State-Zip: ST. AUGUSTINE FL 32085

*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:** DEAN MARTIN

PRESIDENT

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date