

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

DOCUMENT# N04000002034

**FILED**  
**Jan 20, 2023**  
**Secretary of State**  
**6751990627CC**

**Entity Name:** THE TOWNHOMES AT VILLAS DEL CAMPO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

18901 SW 106TH AVENUE  
STE 210  
MIAMI, FL 33157

**Current Mailing Address:**

18901 SW 106TH AVENUE  
STE 210  
MIAMI, FL 33157 US

**FEI Number: 20-0923287**

**Certificate of Status Desired: No**

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

JOHN PAUL ARCIA, P.A.  
LATITUDE ONE OFFICE BUILDING 175 S.W. 7TH STREET  
SUITE 2000  
MIAMI, FL 33130 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: JOHN PAUL ARCIA**

**01/20/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LORENZO, ADDYS  
Address        C/O INNOVATIVE PROPERTY  
                  MANAGEMENT  
                  18901 SW 106TH AVENUE STE 210  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            COLON, CHRISTINA M  
Address        C/O INNOVATIVE PROPERTY  
                  MANAGEMENT  
                  18901 SW 106TH AVENUE STE 210  
City-State-Zip: MIAMI FL 33157

Title            VP  
Name            YOMA, DANIELLA  
Address        C/O INNOVATIVE PROPERTY  
                  MANAGEMENT  
                  18901 SW 106TH AVENUE STE 210  
City-State-Zip: MIAMI FL 33157

Title            TREASURER  
Name            MARTINEZ, GISELLE  
Address        C/O INNOVATIVE PROPERTY  
                  MANAGEMENT  
                  18901 SW 106TH AVENUE SUITE 210  
City-State-Zip: MIAMI FL 33157

*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: ADDYS LORENZO**

**PRESIDENT**

**01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date