

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005556

Entity Name: VILLA BIARRITZ CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

820 S STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

820 S STATE ROAD 7
PLANTATION, FL 33317 US

FEI Number: 20-2730929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST BROWARD COMMUNITY MANAGEMENT
820 S STATE ROAD 7
PLANTATION, FL 33317 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: ANGELA FIORE

05/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BELLOMO, MAXIMILIANO
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name BAESSA, LUIS ROBERTO
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title TREASURER
Name NGUYEN, PETER
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title SECRETARY
Name PARISI, MARIA
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name WEINER, STEVEN
Address C/O WEST BROWARD COMMUNITY
 MANAGEMENT
 820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

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: MAXIMILIANO BELLOMO

PRESIDENT

05/08/2024

Electronic Signature of Signing Officer/Director Detail

Date