

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

DOCUMENT# N05000003016

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**0354955036CC**

**Entity Name:** VILLA PORTOFINO WEST PROPERTY OWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

2120 NE 7 STREET  
HOMESTEAD, FL 33033

**Current Mailing Address:**

650 NE 22ND TERRACE  
PORTOFINO PLAZA SUITE 202-10  
HOMESTEAD, FL 33033 US

**FEI Number:** 43-2080785

**Certificate of Status Desired:** No

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

ARCIA, JOHN PAUL  
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

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ISAAC, VALERIE  
Address        650 NE 22ND TERRACE  
                  PORTOFINO PLAZA SUITE 202-10  
City-State-Zip: HOMESTEAD FL 33033

Title            VP  
Name            SOTOMAYOR, LAURA  
Address        650 NE 22ND TERRACE  
                  PORTOFINO PLAZA SUITE 202-10  
City-State-Zip: HOMESTEAD FL 33033

Title            SECRETARY  
Name            DIAZ, CATHY  
Address        650 NE 22ND TERRACE  
                  PORTOFINO PLAZA SUITE 202-10  
City-State-Zip: HOMESTEAD FL 33033

Title            TREASURER  
Name            FRANCIS, NADINE D  
Address        650 NE 22ND TERRACE  
                  PORTOFINO PLAZA SUITE 202-10  
City-State-Zip: HOMESTEAD FL 33033

Title            DIRECTOR  
Name            CABALLERO, LUIS  
Address        650 NE 22ND TERRACE  
                  PORTOFINO PLAZA SUITE 202-10  
City-State-Zip: HOMESTEAD FL 33033

*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:** VALERIE ISAAC

**PRESIDENT OF THE  
BOARD**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date