

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000000823

Entity Name: VALENCIA DEL SOL HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1600 SAWGRASS CORPORATE PARKWAY, STE. 400
SUNRISE, FL 33323**Current Mailing Address:**1600 SAWGRASS CORPORATE PARKWAY, STE. 400
SUNRISE, FL 33323 US**FEI Number: 82-4196386****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HELFMAN, STEVEN M
1600 SAWGRASS CORPORATE PARKWAY, STE. 400
SUNRISE, FL 33323 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--|
| Title | DP |
| Name | LUFKIN, MARISA |
| Address | 1600 SAWGRASS CORPORATE PARKWAY, STE. 400 |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|--|
| Title | DVP |
| Name | CAMPBELL, PATRICIA |
| Address | 1600 SAWGRASS CORPORATE PARKWAY, STE. 400 |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|--|
| Title | DST |
| Name | MENENDEZ, N. MARIA |
| Address | 1600 SAWGRASS CORPORATE PARKWAY, STE. 400 |
| City-State-Zip: | SUNRISE FL 33323 |

| | |
|-----------------|------------------------|
| Title | DIRECTOR |
| Name | IDING, MARGARET |
| Address | 4783 AVILA LAKES DRIVE |
| City-State-Zip: | WIMAUMA FL 33598 |

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: N. MARIA MENENDEZ**TREASURER****04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date