

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002765

Entity Name: VIZCAYA VILLAS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3829 SCHOOL HOUSE ROAD EAST
FT MYERS, FL 33916**Current Mailing Address:**PO BOX 152930
CAPE CORAL, FL 33915 US**FEI Number:** 65-0508823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL ASSOCIATION SERVICES, LLC
1314 CAPE CORAL PKWY E
SUITE #205
CAPE CORAL, FL 33904 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:** TROY FUTCH**04/19/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CONSTANTINO, MANOEL
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title SECRETARY, TREASURER
Name LLOVET, MIRIAM
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title PRESIDENT
Name CONSTANTINO, SMAILI
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title VP
Name RODRIGUEZ, DAVID
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name DICK LLC, UNCLE
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name PENETRA, CARLOS
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name HENRIQUE, ATAIDE
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

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: SMAILI CONSTANTINO**PRESIDENT****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date