

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

08/13/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	TERRELL, JOANNA	Name	CONSTANTINO, MANOEL
Address	PO BOX 152930	Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915	City-State-Zip:	CAPE CORAL FL 33915
Title	SECRETARY, TREASURER	Title	PRESIDENT
Name	LLOVET, MIRIAM	Name	CONSTANTINO, SMAI
Address	PO BOX 152930	Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915	City-State-Zip:	CAPE CORAL FL 33915
Title	VP	Title	DIRECTOR
Name	RODRIGUEZ, DAVID	Name	SCHECHTER, ANDRE
Address	PO BOX 152930	Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915	City-State-Zip:	CAPE CORAL FL 33915
Title	DIRECTOR	Title	DIRECTOR
Name	PENETRA, CARLOS	Name	HENRIQUE, ATAIDE
Address	PO BOX 152930	Address	PO BOX 152930
City-State-Zip:	CAPE CORAL FL 33915	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: MIRIAM LLOVET

S/T

08/13/2020

Electronic Signature of Signing Officer/Director Detail

Date