

**2024 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

04/16/2024

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

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date