

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001390

Entity Name: LAS VILLAS OF SOUTH SHORE, INC.

Current Principal Place of Business:

5940 FROND WAY
APOLLO BEACH, FL 33572

Current Mailing Address:

235 APOLLO BEACH BLVD
#417
APOLLO BEACH, FL 33572 US

FEI Number: 90-0682647

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC
5940 FROND WAY
APOLLO BEACH, FL 33572 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: CHRISTINE M TRIMMER

03/03/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title: TREASURER
Name: RYAN, LINDSAY
Address: C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title: DIRECTOR
Name: BENCE, MANUEL
Address: C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title: VP
Name: SALDANA, MARGARITA
Address: C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title: PRESIDENT
Name: KLAKAMP, PATRICIA
Address: C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title: SECRETARY
Name: GARCIA, IDA
Address: C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

Title: LICENSED COMMUNITY ASSOCIATION MANAGER
Name: TRIMMER, CHRISTINE M
Address: C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC
235 APOLLO BEACH BLVD #417
City-State-Zip: APOLLO BEACH FL 33572

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: CHRISTINE M TRIMMER

LICENSED COMMUNITY ASSOCIATION MANAGER

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date