## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000081960

Entity Name: SOUTHERN BLVD. VILLAS, LLC

**Current Principal Place of Business:** 

2199 PONCE DE LEON BLVD.

SUITE 401

CORAL GABLES, FL 33134

**Current Mailing Address:** 

P.O. BOX 3435

WEST PALM BEACH, FL 33401 US

FEI Number: 47-4195319 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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:

City-State-Zip:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **PRESIDENT** Title SENIOR VICE PRESIDENT

Name FANJUL, JOSE F. JR. Name BLOMQVIST, ERIK J.

Address ONE NORTH CLEMATIS STREET Address ONE NORTH CLEMATIS STREET 200

SUITE 200

WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip:

VΡ VICE PRESIDENT & SECRETARY Title Title

Name PORRO, JUAN C. Name TABERNILLA, ARMANDO A.

ONE NORTH CLEMATIS STREET Address Address ONE NORTH CLEMATIS STREET

> SUITE 200 City-State-Zip: SUITE 200 FL 33401

WEST PALM BEACH FL 33401 City-State-Zip:

Title **MANAGER** Title VP, TAXATION

FCI RESIDENTIAL CORPORATION Name ZUKOWSKI, PHILIP M. Name

2199 PONCE DE LEON BLVD. Address

Address ONE NORTH CLEMATIS STREET SUITE 401

CORAL GABLES FL 33134 City-State-Zip: SUITE 200 FL 33401 City-State-Zip:

Title VICE PRESIDENT AND CHIEF VP, FINANCE & TREASURER Title

ACCOUNTING OFFICER LONDONO, ALEJANDRO Name

Name HENDI, MEHDI

Address P.O. BOX 3435 1 NORTH CLEMATIS STREET Address

SUITE 200

WEST PALM BEACH FL 33401 City-State-Zip:

## Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARMANDO TABERNILLA 04/28/2022 VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

WEST PALM BEACH FL 33401

Date

**FILED** Apr 28, 2022

Secretary of State

0684729997CC

## **Authorized Person(s) Detail Continued:**

Title ASSISTANT SECRETARY
Name SADLER, BENJAMIN

Address 1 NORTH CLEMATIS STREET

SUITE 200

City-State-Zip: WEST PALM BEACH FL 33401