

2024 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

FILED
Apr 19, 2024
Secretary of State
0801727922CC

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	SENIOR VICE PRESIDENT
Name	FANJUL, JOSE F. JR.	Name	BLOMQVIST, ERIK J.
Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	ONE NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VP	Title	VICE PRESIDENT & SECRETARY
Name	PORRO, JUAN C.	Name	TABERNILLA, ARMANDO A.
Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	ONE NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	MANAGER	Title	VP, FINANCE & TREASURER
Name	FCI RESIDENTIAL CORPORATION	Name	LONDONO, ALEJANDRO
Address	2199 PONCE DE LEON BLVD. SUITE 401	Address	ONE NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER	Title	ASSISTANT SECRETARY
Name	HENDI, MEHDI	Name	SADLER, BENJAMIN
Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	ONE NORTH CLEMATIS STREET SUITE 200
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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 A. TABERNILLA

**VICE PRESIDENT &
SECRETARY, BY LAUREN
DUEMIG, ATTORNEY-IN-
FACT**

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT VICE PRESIDENT, TAX
Name JACOBS, NICK
Address 2199 PONCE DE LEON BLVD.
SUITE 401
City-State-Zip: CORAL GABLES FL 33134

Title ASSISTANT VICE PRESIDENT, TAX
Name RICE, BRIAN D.
Address 2199 PONCE DE LEON BLVD.
SUITE 401
City-State-Zip: CORAL GABLES FL 33134