2019 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 201 CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 3435 WEST PALM BEACH, FL 33401

FEI Number: 47-4195319

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US FILED Apr 22, 2019 Secretary of State 8196303279CC

Certificate of Status Desired: No

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

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 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	Address	ONE NORTH CLEMATIS STREET
0.1.01.01.01.07.10	SUITE 200	City-State-Zip:	SUITE 200 FL 33401
City-State-Zip:	WEST PALM BEACH FL 33401		
Title	VP. TAXATION	Title	MANAGER
Name	ZUKOWSKI, PHILIP M.	Name	FCI RESIDENTIAL CORPORATION
Address		Address	ONE NORTH CLEMATIS STREET
/1001055	ONE NORTH CLEMATIS STREET	Address	SUITE 200
City-State-Zip:		City-State-Zip:	SUITE 200
		City-State-Zip:	SUITE 200 WEST PALM BEACH FL 33401
			SUITE 200
City-State-Zip:	SUITE 200 FL 33401	City-State-Zip:	SUITE 200 WEST PALM BEACH FL 33401
City-State-Zip:	SUITE 200 FL 33401 MEMBER FLORIDA CRYSTALS CORPORATION ONE NORTH CLEMATIS STREET	City-State-Zip: Title	SUITE 200 WEST PALM BEACH FL 33401 VP, FINANCE & TREASURER
City-State-Zip: Title Name Address	SUITE 200 FL 33401 MEMBER FLORIDA CRYSTALS CORPORATION	City-State-Zip: Title Name Address	SUITE 200 WEST PALM BEACH FL 33401 VP, FINANCE & TREASURER LONDONO, ALEJANDRO

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

04/22/2019

Date

Electronic Signature of Signing Authorized Person(s) Detail