

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716138

Entity Name: VILLA DEL SOL, INC.

Current Principal Place of Business:

11000 S OCEAN DR.
JENSEN BCH, FL 34957

FILED
Feb 18, 2022
Secretary of State
4962049677CC

Current Mailing Address:

C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 US

FEI Number: 59-1909648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNETT, JANE L., ESQ.
759 SW FEDERAL HIGHWAY
STE 213
STUART, FL 34994 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

Officer/Director Detail :

Title PRESIDENT
Name MOHLIN, LAUREN
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name JOHNSON , KATIE
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name STEPHINSON, PETER
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name EGUES, TONY
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name D'OTTAVIO, DEBRA
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name KALLOCH, SUSAN
Address C/O WATSON ASSOCIATION
 MANAGEMENT 430 NW LAKE
 WHITNEY PL
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name DE VIVERO, JUAN P.
Address 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

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: LAUREN MOHLIN

PRESIDENT

02/18/2022

Electronic Signature of Signing Officer/Director Detail

Date