

**2017 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**  
**Mar 23, 2017**  
**Secretary of State**  
**CC3677422839**

**Current Mailing Address:**

C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
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.  
401 EAST OCEOLA STREET  
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 SECRETARY  
Name JOHNSON, KATIE  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR  
Name DURHAM, PAUL  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title PRESIDENT  
Name SILLAN, SHIRLEY  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title VP  
Name EDWARDS, MELANIE  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title TREASURER  
Name FLOWERS, ROBERT  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR  
Name BOUCHIE, MARY ELLEN  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR  
Name FABER, ROBERT  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST. 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: SHIRLEY SILLAN**

**PRESIDENT**

**03/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date