

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741320

Entity Name: CAMINO SHERIDAN VILLAS HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 01, 2021
Secretary of State
9422561140CC**Current Principal Place of Business:**1999 N. UNIVERSITY DRIVE SUITE 214
CORAL SPRINGS, FL 33071**Current Mailing Address:**1999 N. UNIVERSITY DRIVE SUITE 214
CORAL SPRINGS, FL 33071 US**FEI Number:** 59-1958133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRESTIGE ACCOUNTING & BOOKKEEPING INC
1999 N. UNIVERSITY DRIVE SUITE 214
CORAL SPRINGS, FL 33071 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:** JESSICA MAHADEO

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	DIRECTOR
Name	YANES, YUMAY	Name	NODAL, PETER
Address	1999 N. UNIVERSITY DRIVE SUITE 214	Address	1999 N. UNIVERSITY DRIVE SUITE 214
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	TREASURER	Title	DIRECTOR
Name	LANGLOIS, ANDRE	Name	LANGLOIS , MADELINE
Address	1999 N. UNIVERSITY DRIVE SUITE 214	Address	1999 N. UNIVERSITY DRIVE SUITE 214
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	DIRECTOR	Title	PRESIDENT
Name	COLLINS, JANET	Name	LEON, TRISH
Address	1999 N. UNIVERSITY DRIVE SUITE 214	Address	1999 N. UNIVERSITY DRIVE SUITE 214
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071
Title	DIRECTOR	Title	DIRECTOR
Name	BADER, DIANE	Name	ARAMA, JODI
Address	1999 N. UNIVERSITY DRIVE SUITE 214	Address	1999 N. UNIVERSITY DRIVE SUITE 214
City-State-Zip:	CORAL SPRINGS FL 33071	City-State-Zip:	CORAL SPRINGS FL 33071

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: ANDRE LANGLOIS**TREASURER**

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date