

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000002047

**Entity Name:** VIZCAYA MASTER HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 29, 2023**  
**Secretary of State**  
**7001094829CC**

**Current Principal Place of Business:**

1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES, INC. SUITE 300  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES, INC. SUITE 300  
KISSIMMEE, FL 34744 US

**FEI Number: 59-3676043**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES, INC. SUITE 300  
KISSIMMEE, FL 34744 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: BEN KAPLAN**

**04/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D-PRESIDENT  
Name KAPLAN, BEN  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES,  
INC. SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D-TREASURER & SECRETARY  
Name DIVINE, SERGIO  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES,  
INC. SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D-VP  
Name MENENDEZ, FERNANDO  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES,  
INC. SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name CARNEIRO, JULES  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES,  
INC. SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name SHARROTT, DOUG  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLE SERVICES,  
INC. SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

*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: SERGIO DIVINE**

**SECRETARY**

**04/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date