

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002156

Entity Name: FONTAINEBLEAU LAKES SINGLE FAMILY HOMES WEST
HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3750 NW 87 AVE #260
DORAL, FL 33172**Current Mailing Address:**3750 NW 87 AVE #260
DORAL, FL 33172 US**FEI Number: 26-1974662****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD INC
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 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:** SIEGFRIED RIVERA

04/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LEMUS, ARNO
Address	C/O CAM BROKERAGE & MANAGEMENT 3750 NW 87 AVE SUITE #260
City-State-Zip:	DORAL FL 33178

Title	TREASURER
Name	CASANOVAS , NATASHA
Address	C/O CAM BROKERAGE & MANAGEMENT 3750 NW 87 AVE SUITE #260
City-State-Zip:	DORAL FL 33178

Title	DIRECTOR
Name	DEBEN, RICARDO
Address	C/O CAM BROKERAGE & MANAGEMENT 3750 NW 87 AVE SUITE #260
City-State-Zip:	DORAL FL 33178

Title	SECRETARY
Name	NEKOIE, NIMA
Address	C/O CAM BROKERAGE & MANAGEMENT C/O CAM SUITE #260
City-State-Zip:	DORAL FL 33178

Title	VP
Name	DE TORRES, MAYRA
Address	C/O CAM BROKERAGE & MANAGEMENT 3750 NW 87 AVE SUITE #260
City-State-Zip:	DORAL FL 33178

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: ARNO LEMUS

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04/13/2024

Electronic Signature of Signing Officer/Director Detail

Date