

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008276

Entity Name: VALENCIA CAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
SUNRISE, FL 33323**Current Mailing Address:**1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
SUNRISE, FL 33323 US**FEI Number:** 82-2579351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELFMAN, STEVEN M ESQ.
1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
SUNRISE, FL 33323 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	D/P
Name	SAENZ, CHARLES
Address	1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-State-Zip:	SUNRISE FL 33323

Title	D/V/P
Name	DEPLAZA, MARCIE
Address	1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-State-Zip:	SUNRISE FL 33323

Title	D/S/T
Name	MENENDEZ, N. MARIA
Address	1600 SAWGRASS CORPORATE PARKWAY, SUITE 400
City-State-Zip:	SUNRISE FL 33323

Title	D
Name	GREENBERG, MARK
Address	11980 SW WOOD STORK WAY
City-State-Zip:	PORT SAINT LUCIE FL 34987

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: N. MARIA MENENDEZ

S

04/14/2021

Electronic Signature of Signing Officer/Director Detail_____
Date