

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

DOCUMENT# N96000003911

**Entity Name:** VISTA ALEGRE TOWNHOMES VILLAS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 15, 2023**  
**Secretary of State**  
**2681032694CC**

**Current Principal Place of Business:**

VISTA ALEGRE THMS VILLAS POA  
12905 SW 132 STREET #5  
MIAMI, FL 33186

**Current Mailing Address:**

VISTA ALEGRE THMS VILLAS POA  
12905 SW 132 STREET #5  
MIAMI, FL 33186 US

**FEI Number: 65-0718062**

**Certificate of Status Desired: No**

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

LAW OFFICES OF JONATHAN RUBIN  
9360 SUNSET DR  
#285  
MIAMI, FL 33173 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: JONATHAN RUBIN**

**03/15/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name SARRIA, JUAN  
Address 12905 SW 132 STREET #5  
City-State-Zip: MIAMI FL 33186

Title SECRETARY  
Name LOPEZ, MARIO  
Address 12905 SW 132 STREET #5  
City-State-Zip: MIAMI FL 33186

Title PRESIDENT  
Name ADIELA, SALAZAR  
Address 12905 SW 132 STREET #5  
City-State-Zip: MIAMI FL 33186

Title TD  
Name RENDON, JENNY  
Address 12905 SW 132 STREET #5  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name JOSE , OLIVERA  
Address 12905 SW 132 STREET #5  
City-State-Zip: MIAMI FL 33186

*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: ADIELA, SALAZAR**

**PRESIDENT**

**03/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date