2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719282

Entity Name: SPRING LAKE TOWERS MANAGEMENT, INC.

FILED
Mar 18, 2019
Secretary of State
8506809264CC

Current Principal Place of Business:

1631 E. VINE STREET

C/O ARTEMIS LIFESTYLES, INC SUITE 300

KISSIMMEE, FL 34744

Current Mailing Address:

1631 E. VINE STREET

C/O ARTEMIS LIFESTYLES, INC SUITE 300

KISSIMMEE, FL 34744 US

FEI Number: 59-1346829 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANN, LORI COO 1631 E. VINE STREET

C/O ARTEMIS LIFESTYLES, 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: LORI DANN 03/18/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title T

NameTREMBLAY, ROBERTNameCHAPMAN, MARY JAddress1631 E. VINE STREETAddress1631 E. VINE STREET

C/O ARTEMIS LIFESTYLES, INC SUITE

200

KISSIMMEE FL 34744

City-State-Zip: KISSIMMEE FL 34744

C/O ARTEMIS LIFESTYLES, INC SUITE

Title SECRETARY Title VP

Name MILLER, MARILYN Name LAJOIE, SUE

Address 1631 E. VINE STREET Address 1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE

300

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR Title DIRECTOR

Name BRANNON, REED Name TERBURG, DIANE

Address 1631 E. VINE STREET Address 1631 E. VINE STREET

C/O ARTEMIS LIFESTYLES, INC SUITE C/O ARTEMIS LIFESTYLES, INC SUITE

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name GRANT, JEFF

Address 1631 E. VINE STREET

C/O ARTEMIS LIFESTYLES, 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: ROBERT TREMBLAY PRESIDENT 03/18/2019