

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741326

Entity Name: SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1 SILVER OAK DR
PORT ST. LUCIE, FL 34952**Current Mailing Address:**1 SILVER OAK DR
PORT ST. LUCIE, FL 34952 US**FEI Number:** 59-1805294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GEIGER, HOWARD
6 FLORIDA WAY
PORT SAINT LUCIE, FL 34952 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:** HOWARD GEIGER

02/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WATTON, TERRY A
Address 33 ORO GRANDE WAY
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name GLEASON, KATHY
Address 25 ORO GRANDE WAY
City-State-Zip: PORT ST LUCIE FL 24952

Title TREASURER
Name WILSON, CLAUDIA
Address 17 ALHAMBRA LANE SOUTH
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name MACEY, EILEEN
Address 7 FLORIDA WAY
City-State-Zip: PORT ST. LUCIE FL 34952

Title DIRECTOR
Name MCDANIEL, JENNY
Address 23 MONTEREY WAY
City-State-Zip: PORT ST. LUCIE FL 34952

Title VP
Name ROBERTSON, DAWN
Address 15 ALHAMBRA SOUTH
City-State-Zip: PORT SAINT LUCIE FL 34952

Title PRESIDENT
Name HAZEL, ROBERT
Address 4 ANTIQUA
City-State-Zip: PORT SAINT LUCIE FL 34952

Title DIRECTOR
Name SCHACHEL, KAREN
Address 7 RIO VERDE WAY
City-State-Zip: PORT SAINT LUCIE FL 34952

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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: CLAUDIA WILSON

TREASURER

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name GREENBERG, MICHAEL
Address 184 MEDITERRANEAN BLVD, N
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name CASSIDY, KATHLEEN
Address 11 MARGARITA LANE
City-State-Zip: PORT ST LUCIE FL 34952