#### 2014 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:**

PO BOX 7812 PORT SAINT LUCIE. FL 34985 US

# FEI Number: 59-1805294

## Name and Address of Current Registered Agent:

GEARY, ROBERT 24 SPANISH WAY PORT SAINT LUCIE, FL 34952 US

FILED Mar 31, 2014 Secretary of State CC1847520895

Date

Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	PRESIDENT	Title	DIRECTOR		
Name	GEARY, ROBERT	Name	NULTY, JIM		
Address	24 SPANISH WAY	Address	6 VALENCIA LANE		
City-State-Zip:	PORT SAINT LUCIE FL 34952	City-State-Zip:	PORT SAINT LUCIE FL 34952		
Title	VP	Title	TREASURER		
Name	MPELO, WILMA	Name	GRAHAM, DEBORAH M		
Address	6 ORO GRANDE WAY	Address	1 LAS OLAS LANE		
City-State-Zip:	PORT SAINT LUCIE FL 34952	City-State-Zip:	PORT SAINT LUCIE FL 34952		
Title	DIRECTOR	Title	DIRECTOR		
Title Name	DIRECTOR DEMARIS, DONNA	Title Name	DIRECTOR CARLEY, JOHN		
Name	DEMARIS, DONNA	Name	CARLEY, JOHN		
Name Address	DEMARIS, DONNA 46 GOLF DRIVE	Name Address	CARLEY, JOHN 23 RIO VERDE WAY		
Name Address City-State-Zip:	DEMARIS, DONNA 46 GOLF DRIVE PORT SAINT LUCIE FL 34952	Name Address City-State-Zip:	CARLEY, JOHN 23 RIO VERDE WAY PORT SAINT LUCIE FL 34952		
Name Address City-State-Zip: Title	DEMARIS, DONNA 46 GOLF DRIVE PORT SAINT LUCIE FL 34952 SECRETARY	Name Address City-State-Zip: Title	CARLEY, JOHN 23 RIO VERDE WAY PORT SAINT LUCIE FL 34952 DIRECTOR		
Name Address City-State-Zip: Title Name	DEMARIS, DONNA 46 GOLF DRIVE PORT SAINT LUCIE FL 34952 SECRETARY HAHN, MARY ELLEN 15 CORTEZ LANE	Name Address City-State-Zip: Title Name	CARLEY, JOHN 23 RIO VERDE WAY PORT SAINT LUCIE FL 34952 DIRECTOR BRADS, C D		

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: JOHN M CARLEY

VICE PRESIDENT

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date