

**2016 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:**CROSSLAND, EDWIN  
54 GOLF DRIVE  
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:** EDWIN CROSSLAND

02/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           CROSSLAND, EDWIN  
Address        54 GOLF DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            TREASURER  
Name           ONG, EDWARD  
Address        81 SPANISH WAY  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            VP  
Name           FOUND, KENNETH  
Address        83 MEDITERRANEAN E  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            DIRECTOR  
Name           GUZMAN, LARRY  
Address        7 CORTEZ LANE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            DIRECTOR  
Name           LYBRAND, ROXIE  
Address        17 MARIPOSA  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            DIRECTOR  
Name           BOWEY, ROBERT  
Address        39 EL CAMINO REAL  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            SECRETARY  
Name           HAHN, MARY ELLEN  
Address        15 CORTEZ LANE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            DIRECTOR  
Name           LAUX, ROBERT D  
Address        66 GOLF DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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:** MARY ELLEN HAHN**SECRETARY**

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date