

**2024 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:**MINKIN, BRIAN  
16 PALO ALTO LANE  
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:** BRIAN MINKIN

02/01/2024

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 TOLBERT, STEVE  
Address 7 HUARTE WAY  
City-State-Zip: PORT ST LUCIE FL 24952

Title TREASURER  
Name MINKIN, BRIAN  
Address 16 PALO ALTO LANE  
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 LANE 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 CASSIDY, KATHLEEN  
Address 11 MARGARITA LANE  
City-State-Zip: PORT ST 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:** BRIAN MINKIN

TREASURER

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 GEIGER, HOWARD  
Address             6 FLORIDA WAY  
City-State-Zip:    PORT ST LUCIE   FL  34952

Title                   DIRECTOR  
Name                 RYAN, JEANETTE  
Address             15 SAN JUAN LANE  
City-State-Zip:    PORT ST. LUCIE  FL  34952