

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003386

**Entity Name:** SPANISH LAKES UTILITIES, INC.**Current Principal Place of Business:**8000 S. U.S. 1, SUITE 402  
PORT ST. LUCIE, FL 34952**Current Mailing Address:**8000 S. U.S. 1, SUITE 402  
PORT ST. LUCIE, FL 34952**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYNNE, ERIC P  
8000 S US 1 SUITE 402  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title D  
Name WYNNE, JOEL F  
Address 8000 S. U.S. 1, SUITE 402  
City-State-Zip: PORT ST. LUCIE FL 34952Title D  
Name WYNNE, ERIC P  
Address 8000 S. U.S. 1, SUITE 402  
City-State-Zip: PORT ST. LUCIE FL 34952Title D  
Name SAAVEDRA, A. CESAR  
Address 8000 SOUTH US 1, SUITE 402  
City-State-Zip: PORT ST. LUCIE FL 34952Title D  
Name REILLY, NORMA  
Address 8000 S. U.S. 1, SUITE 402  
City-State-Zip: PORT ST. LUCIE FL 34952Title D  
Name RIBSAM, JOSEPH E  
Address 8000 S. U.S. 1, SUITE 402  
City-State-Zip: PORT ST. 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:** JOEL WYNNE

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04/10/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date