

2016 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 CAMACHO, ALFREDO
Address 8000 SOUTH US 1, SUITE 402
City-State-Zip: PORT ST. LUCIE FL 34952Title D
Name CROSSLAND, EDWIN
Address 8000 SOUTH US 1, SUITE 402
City-State-Zip: PORT SAINT LUCIE FL 34952Title D
Name LLOYD, CLARA
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 F. WYNNE**DIRECTOR****04/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date