## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100003878

Entity Name: SPRING LAKE POINTE COMMUNITY ASSOCIATION, INC.

FILED Feb 21, 2014 Secretary of State CC5672674885

## **Current Principal Place of Business:**

901 N LAKE DESTINY DR

**STE 110** 

MAITLAND, FL 32751

## **Current Mailing Address:**

901 N LAKE DESTINY DR

**STE 110** 

MAITLAND, FL 32751

FEI Number: 59-3758773 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COLDWELL BANKER COMMERCIAL NRT 901 N LAKE DESTINY DR STE 110 MAITLAND, FL 32751 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: JAYE LOVE 02/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title VP

Name MASTERS, BRIAN Name PEREZ, MANUEL

Address 901 NORTH LAKE DESTINY RD, STE Address 901 NORTH LAKE DESTINY RD, STE

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title TREASURER Title D

Name CALIMANO, FRANCISCO Name LIGHTNER, TIM

Address 901 NORTH LAKE DESTINY RD, STE Address 901 NORTH LAKE DESTINY RD, STE

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title D

Name SAENZ, CARLOS

Address 901 NORTH LAKE DESTINY RD, STE

110

City-State-Zip: MAITLAND FL 32751

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 MASTERS PRESIDENT

Electronic Signature of Signing Officer/Director Detail

02/21/2014 Date