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.

PRESIDENT

### DOCUMENT# N0100003878

## Entity Name: SPRING LAKE POINTE COMMUNITY ASSOCIATION, INC.

# Current Principal Place of Business:

620 N WYMORE ROAD SUITE 240 MAITLAND, FL 32751

### **Current Mailing Address:**

620 N WYMORE ROAD SUITE 240 MAITLAND, FL 32751 US

### FEI Number: 59-3758773

## Name and Address of Current Registered Agent:

MAHNKE, ALICE F 620 N WYMORE ROAD SUITE 240 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	ALICE F MAHNKE			01/26/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR	Title	TREASURER, SECRETARY		
Name	MASTERS, BRIAN	Name	LIGHTNER, TIM		
Address	620 N WYMORE ROAD SUITE 240	Address	620 N WYMORE ROAD SUITE 240		
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751		
Title		Title			
Name	HILAL, RAOUF	Name	KHUDA, KHALED		
Address	620 N WYMORE ROAD SUITE 240	Address	620 N WYMORE ROAD SUITE 240		
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751		

SIGNATURE: KHALED KHUDA

Electronic Signature of Signing Officer/Director Detail

## FILED Jan 26, 2020 Secretary of State 0326414835CC

Certificate of Status Desired: No

01/26/2020 Date