2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006676

Entity Name: TALIS PARK COMMUNITY ASSOCIATION, INC.

FILED
Apr 05, 2018
Secretary of State
CC0264133617

Current Principal Place of Business:

4500 PGA BOULEVARD

SUITE 400

PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4500 PGA BOULEVARD SUITE 400

PALM BEACH GARDENS, FL 33418

FEI Number: 72-1534395 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEER, GEORGE 4500 PGA BOULEVARD SUITE 400

PALM BEACH GARDENS, FL 33418 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	DIRECTOR, PRESIDENT	Title	EXECUTIVE VICE PRESIDENT
Name	FLINN, MILTON	Name	HOBAN, THOMAS M

Address 4500 PGA BOULEVARD, SUITE 400 Address 4500 PGA BOULEVARD, SUITE 400 City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

TitleSECRETARY, TREASURERTitleASST. SECRETARYNameSPEER, GEORGE GNameWOODS, ERICA S.

Address 4500 PGA BOULEVARD, SUITE 400 Address 4500 PGA BOULEVARD, SUITE 400 City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DVP Title VP

Name STEWART, BUTCH Name VANDER MAY, WILLIAM R.
Address 4500 PGA BOULEVARD Address 4500 PGA BOULEVARD

SUITE 400 SUITE 400

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title AUTHORIZED MEMBER

Name MATTSON, KATHI Name KE TALIS PARK PROPERTIES, LLC

Address 4500 PGA BOULEVARD Address 4500 PGA BOULEVARD SUITE 400 SUITE 400

SUITE 400

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

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: GEORGE SPEER

REGISTERED AGENT

04/05/2018