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: DIANNE WILLS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N04000004825

Entity Name: THE TOWNS AT LAKESIDE ASSOCIATION, INC.

Current Principal Place of Business:

321 INTERSTATE BLVD SARASOTA, FL 34240

Current Mailing Address:

C/O SUNVAST PROPERTIES, INC. 321 INTERSTATE BLVD SARASOTA, FL 34240

FEI Number: 20-3344284

Name and Address of Current Registered Agent:

SUNVAST PROPERTIES, INC. 321 INTERSTATE BLVD SARASOTA, FL 34240 US FILED Mar 16, 2020 Secretary of State 8827742885CC

Certificate of Status Desired: No

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

Officer/Director Detail :

	Title	DIRECTOR	Title	PRESIDENT
	Name	CRUSE, PATRICIA	Name	WILLS, DIANNE
	Address	1052 JONAH DRIVE	Address	1198 JONAH DRIVE
	City-State-Zip:	NORTH PORT FL 34289	City-State-Zip:	NORTH PORT FL 34289
	Title	VP	Title	TREASURER
	Title Name	VP HOLCOMBE, DENNIS	Title Name	TREASURER IRVINE, ALAN
	Name	HOLCOMBE, DENNIS	Name	IRVINE, ALAN

PRESIDENT

03/16/2020 Date

Date