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: CHRISTINA ERICKSON

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 Apr 10, 2018 Secretary of State CC0286078523

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	PRESIDENT	Title	TREASURER	
Name	ERICKSON, CHRISTINA	Name	MONE, DAVID	
Address	1064 JONAH DRIVE	Address	2267 MULBERRY LANE	
City-State-Zip:	NORTH PORT FL 34289	City-State-Zip:	NORTH PORT FL 34289	
Title	SECRETARY	Title	VP, DIRECTOR	
Name	FINKELSTEIN, MARYANNE	Name	MULHOLLAND , WILLIAM	
Address	1193 JONAH DRIVE	Address	1293 JONAH DRIVE	
City-State-Zip:	NORTH PORT FL 34289	City-State-Zip:	NORTH PORT FL 34289	
Title	DIRECTOR			
Name	CRUSE, PATRICIA			
Address	1052 JONAH DRIVE			
City-State-Zip:	NORTH PORT FL 34289			

PRESIDENT

04/10/2018

Date