2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N08000002151

Entity Name: RESERVE AT MEADOW LAKE HOMEOWNERS ASSOCIATION,

Current Principal Place of Business:

225 S. WESTMONTE DR **SUITE 3310** ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

P.O. BOX 162147

ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 26-4015761 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S. WESTMONTE DR **SUITE 3310** ALTAMONTE SPRINGS, FL 32714 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: TINA YAMADA 09/11/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** VΡ Title

Name BEARDMAN, MATT Name CALLANAN, SUSANNE

P.O. BOX 162147 P.O. BOX 162147 Address Address

ALTAMONTE SPRINGS FL 32716 City-State-Zip: City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title **TREASURER** Title **SECRETARY** Name REVELL, KEVIN Name ARNETT, PAUL Address P.O. BOX 162147 P.O. BOX 162147 Address

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title **DIRECTOR** Title **DIRECTOR**

Name FRANK, JEANEAN Name PETERSON, DAVID Address P.O. BOX 162147 P.O. BOX 162147 Address

City-State-Zip: ALTAMONTE SPRINGS FL 32716 City-State-Zip: ALTAMONTE SPRINGS FL 32716

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.

09/11/2018 **PRESIDENT** SIGNATURE: MATT BEARDMAN

FILED Sep 11, 2018

Secretary of State CC7899175109