| Entity Name: RESERVE AT MEADOW LAKE HOMEOWNERS ASSOCIATION, INC. | Secretary of<br>CC1835922 |
|--|---------------------------|
| Current Principal Place of Business:                             |                           |
| 225 S. WESTMONTE DR<br>SUITE 3310                                |                           |
| ALTAMONTE SPRINGS, FL 32714                                      |                           |
| Current Mailing Address:   |                           |
| P.O. BOX 162147<br>ALTAMONTE SPRINGS, FL 32716 US                |                           |
| FEI Number: 26-4015761 Certifica                                 | te of Status Desired:     |
| Name and Address of Current Registered Agent:                    |                           |

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

VISTA COMMUNITY ASSOCIATION MANAGEMENT 225 S. WESTMONTE DR SUITE 3310 ALTAMONTE SPRINGS, FL 32714 US

DOCUMENT# N0800002151

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       | E TINA YAMADA                            |                 | (                         | 04/26/2018 |
|-----------------|--|-----------------|---------------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                           | Date       |
| Officer/Dire    | ctor Detail :                            |                 |                           |            |
| Title           | PRESIDENT                                | Title           | VP                        |            |
| Name            | FOLZ-FRESON, JOHNNA                      | Name            | CALLANAN, SUSANNE         |            |
| Address         | P.O. BOX 162147                          | Address         | P.O. BOX 162147           |            |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32716               | City-State-Zip: | ALTAMONTE SPRINGS FL 3271 | 6          |
| Title           | SECRETARY                                | Title           | TREASURER                 |            |
| Name            | ARNETT, PAUL                             | Name            | REVELL, KEVIN             |            |
| Address         | P.O. BOX 162147                          | Address         | P.O. BOX 162147           |            |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32716               | City-State-Zip: | ALTAMONTE SPRINGS FL 3271 | 6          |
| Title           | DIRECTOR                                 |                 |                           |            |
| Name            | PETERSON, DAVID                          |                 |                           |            |
| Address         | P.O. BOX 162147                          |                 |                           |            |
| 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.

PRESIDENT

## SIGNATURE: JOHNNA FOLZ-FRESON

Electronic Signature of Signing Officer/Director Detail

04/26/2018

## FILED Apr 26, 2018 Secretary of State 2730

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I: No