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: JONI FALK

City-State-Zip: KISSIMMEE FL 34744

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

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.

The above hamed	a entity submits this statement for the purpose of changing its	s registered onice of regis	lered agent, or both, in the State of	Tionua.
SIGNATURE:	DOMINGO SANCHEZ			04/24/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PD	Title	VPD	
Name	FALK, JONI	Name	MCLEOD, BILL	
Address	1631 E. VINE ST. SUITE 300	Address	1631 E. VINE ST. SUITE 300	
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744	
Title	STD			
Name	MARSHALL, RONNIE			
Address	1631 E. VINE ST. SUITE 300			

**Current Principal Place of Business:** 1631 E. VINE ST. SUITE 300

## **Current Mailing Address:**

KISSIMMEE, FL 34744 US

### FEI Number: 61-1669553

# Name and Address of Current Registered Agent:

TITAN HOA MANAGEMENT, LLC 1631 E. VINE ST. SUITE 300

KISSIMMEE, FL 34744 US

1631 E. VINE ST. SUITE 300

# KISSIMMEE, FL 34744

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N11000011567

### Entity Name: PROVENCE AT LAKE SHEEN COMMUNITY ASSOCIATION, INC.

04/24/2015

Date

## FILED Apr 24, 2015 Secretary of State CC0410259551