

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000002085

**Entity Name:** ESPLANADE AT ARTISAN LAKES COMMUNITY ASSOCIATION, INC.

**FILED**  
**May 07, 2019**  
**Secretary of State**  
**8482158933CC**

**Current Principal Place of Business:**

3922 COCONUT PALM DRIVE  
SUITE 108  
TAMPA, FL 33619

**Current Mailing Address:**

3922 COCONUT PALM DRIVE  
SUITE 108  
TAMPA, FL 33619 US

**FEI Number: 46-5109218**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, SECRETARY, DIRECTOR  
Name DEASON, JEFFREY ("JEFF")  
Address 3922 COCONUT PALM DRIVE  
SUITE 108  
City-State-Zip: TAMPA FL 33619

Title VP  
Name MILLER, DOUGLAS ("DOUG")  
Address 3922 COCONUT PALM DRIVE  
SUITE 108  
City-State-Zip: TAMPA FL 33619

Title VP, TREASURER, DIRECTOR  
Name GORE, CHRISTOPHER ("CHRIS")  
Address 3922 COCONUT PALM DRIVE  
SUITE 108  
City-State-Zip: TAMPA FL 33619

Title PRESIDENT, DIRECTOR  
Name DE LA OSSA, CARLOS  
Address 3922 COCONUT PALM DRIVE  
SUITE 108  
City-State-Zip: TAMPA FL 33619

*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: JEFFREY ("JEFF") DEASON**

**SECRETARY**

**05/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date