

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755630

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** SPANISH LAKES COUNTRY CLUB SERVICE CORPORATION, INC.

**Current Principal Place of Business:**

8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 59-2169259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYNNE, JOEL F  
8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** THIBAUT, COLLEEN  
**Address:** 8000 S US 1 SUITE #402  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

**Title:** D  
**Name:** REIFF, JOHN  
**Address:** 8000 S US 1 STE 402  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

**Title:** PD  
**Name:** WYNNE, JOEL F  
**Address:** 8000 S US 1 SUITE #402  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** STD  
**Name:** WYNNE, ERIC P  
**Address:** 8000 S US 1 SUITE #402  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** D  
**Name:** CARLSON, MARILYN  
**Address:** 8000 S US 1, STE, 402  
**City-St-Zip:** PT. ST. LUCIE, FL 34952

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:** JOEL F. WYNNE

PD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date