

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755630

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

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC2927651856**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2169259**

**Certificate of Status Desired: No**

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

WYNNE, JOEL F  
8000 SOUTH US 1, STE 402  
PORT ST. LUCIE, FL 34952 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 D  
Name THIBAUT, COLLEEN  
Address 8000 S US 1 SUITE #402  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title D  
Name MARTIN, N. CRAIG  
Address 8000 S US 1 STE 402  
City-State-Zip: PORT SAINT LUCIE FL 34952

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

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

Title D  
Name CARLSON, MARILYN  
Address 8000 S US 1, STE, 402  
City-State-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**

**PRESIDENT**

**04/07/2016**

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

\_\_\_\_\_  
Date