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: ASHLEY WILLIAMS

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# 766066

Entity Name: RICHWOOD HOMEOWNERS ASSOCIATION, INC.

### **Current Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769

# **Current Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769 US

# FEI Number: 59-2298544

# Name and Address of Current Registered Agent:

MARTINEZ, DONNIE 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769 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	: DONNIE MARTINEZ			06/02/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	WILLIAMS, ASHLEY	Name	GOOD, MONICA	
Address	C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD	Address	C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROA	
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769	
Title	SECRETARY, TREASURER			
Name	HARTMANN, GWEN ELLEN			
Address	C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD			
City-State-Zip:	SAINT CLOUD FL 34769			

FILED Jun 02, 2020 Secretary of State 6198610436CC

Certificate of Status Desired: No

06/02/2020