| 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 | : MICHAEL G. KENT | | | 06/08/2020 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PRESIDENT | Title | DIRECTOR | |
| Name | BRIGHT, CLIFF | Name | ARKLE, STEVE | |
| Address | 970 GULF SHORE DRIVE | Address | 970 GULF SHORE DRIVE | |
| City-State-Zip: | DESTIN FL 32541 | City-State-Zip: | DESTIN FL 32541 | |
| Title | DIRECTOR | Title | TREASURER | |
| Name | BROWN, DAVE | Name | PEARCE, IVA | |
| Address | 970 GULF SHORE DRIVE | Address | 970 GULF SHORE DRIVE | |
| City-State-Zip: | DESTIN FL 32541 | City-State-Zip: | DESTIN FL 32541 | |
| Title | SECRETARY | | | |
| Name | LUCAS, RUSTY | | | |
| Address | 970 GULF SHORE DRIVE | | | |
| City-State-Zip: | DESTIN FL 32541 | | | |

Name and Address of Current Registered Agent:

KENT, MICHAEL G 970 GULF SHORE DRIVE DESTIN, FL 32541 US

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: CLIFF BRIGHT

PRESIDENT

06/08/2020

DOCUMENT# N0000004789

Entity Name: ENCHANTED ESTATES HOMEOWNERS ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

970 GULF SHORE DRIVE DESTIN, FL 32541

Current Mailing Address:

970 GULF SHORE DRIVE DESTIN, FL 32541 US

FEI Number: 35-2504171

Certificate of Status Desired: No

FILED Jun 08, 2020 Secretary of State 4874853934CC

Electronic Signature of Signing Officer/Director Detail