| 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: GRACE BARNES

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

Date

01/15/2021

## DOCUMENT# N0400000926

Entity Name: REDTAIL COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

32932 REDTAIL BLVD. SORRENTO, FL 32776

## **Current Mailing Address:**

2300 MAITLAND CENTER PARKWAY SUITE 101 MAITLAND, FL 32751 US

# FEI Number: 20-1132299

## Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF 100 WHETSTONE PL SUITE 302 ST AUGUSTINE, FL 32086 US FILED Jan 15, 2021

Certificate of Status Desired: No

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       | E ROBYN SEVERS                           |                 |                     | 01/15/2021 |
|-----------------|------------------------------------------|-----------------|---------------------|------------|
|                 | Electronic Signature of Registered Agent |                 |                     | Date       |
| Officer/Dire    | ctor Detail :                            |                 |                     |            |
| Title           | PRESIDENT                                | Title           | VP                  |            |
| Name            | BARNES, GRACE                            | Name            | MALONE, JOYCE       |            |
| Address         | 32932 REDTAIL BLVD.                      | Address         | 32932 REDTAIL BLVD. |            |
| City-State-Zip: | SORRENTO FL 32776                        | City-State-Zip: | SORRENTO FL 32776   |            |
| Title           | SECRETARY, TREASURER                     | Title           | DIRECTOR            |            |
| Name            | HAYDEN, BOB                              | Name            | KOUWENHOVEN, BILL   |            |
| Address         | 32932 REDTAIL BLVD.                      | Address         | 32932 REDTAIL BLVD. |            |
| City-State-Zip: | SORRENTO FL 32776                        | City-State-Zip: | SORRENTO FL 32776   |            |
| Title           | DIRECTOR                                 |                 |                     |            |
| Name            | REYNOLDS, MURPHY                         |                 |                     |            |
| Address         | 32932 REDTAIL BLVD.                      |                 |                     |            |
| City-State-Zip: | SORRENTO FL 32776                        |                 |                     |            |
|                 |                                          |                 |                     |            |