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: JOYCE S ESTES

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400003348

Entity Name: OWNERS ASSOCIATION OF THE LAKES ON THE BLUFF, INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

171 HIGHWAY 98 SUITE D EASTPOINT, FL 32328

Current Mailing Address:

PO BOX 777 EASTPOINT, FL 32328

FEI Number: 90-0264234

Name and Address of Current Registered Agent:

BENTLEY, KIMBERLY C 171 US HIGHWAY 98 SUITE D EASTPOINT, FL 32328 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

Officer/Director Detail :

TitleDNameESTES, JOYCE SAddressPO BOX 585City-State-Zip:EASTPOINT FL 32328

PRESIDENT

Certificate of Status Desired: No

04/21/2016

Date

FILED Apr 21, 2016 Secretary of State CC1906864156

icer/Director Detail

Date