# 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: ESTES, JOYCE S

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

#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N04000003348

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

## **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 FILED Jan 03, 2020 Secretary of State 4031135715CC

Certificate of Status Desired: No

Date

01/03/2020

Date

Electronic Signature of Signing Officer/Director Detail

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