407				9672CC
	THE BLUFF DR THE BLUFF DR TL 32328			
Current Mai	ling Address:			
P.O. BOX 87 EASTPOINT	76 , FL 32328 US			
FEI Number: 90-0264234			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
COMMUNITY N 215 BONCYLE EASTPOINT, F				
The above named	d entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Fl	orida.
SIGNATURE	E: WAYNE M GLEASMAN			03/29/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	ESTES, JOYCE	Name	CASH, EDWIN	
Address	P.O. BOX 585	Address	P.O. BOX 39	
City-State-Zip:	EASTPOINT FL 32328	City-State-Zip:	APALACHICOLA FL 32329	
Title	SECRETARY	Title	DIRECTOR	
Name	BASS, SHERRY	Name	CHASSIE, DOREEN	
Address	P.O. BOX 107	Address	P.O. BOX 277	
City-State-Zip:	EASTPOINT FL 32328	City-State-Zip:	EASTPOINT FL 32328	
Title	DIRECTOR			
Name	CREAMER, SUZANNE			
Address	P.O. BOX 837			

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N04000003348

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 ESTES

City-State-Zip: EASTPOINT FL 32328

Electronic Signature of Signing Officer/Director Detail

03/29/2024

FILED Mar 29, 2024

Secretary of State