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.

PRESIDENT

SIGNATURE: JASON WINSLOW

Electronic Signature of Signing Officer/Director Detail

08/23/2016

Date

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000005051

Entity Name: OVATION ON CAPE SAN BLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

346 PINNACLE DRIVE CAPE SAN BLAS, FL 32456

Current Mailing Address:

P.O. BOX 961 PORT ST. JOE, FL 32457 US

FEI Number: 20-3055938

Name and Address of Current Registered Agent:

BONNEY AND ASSOCIATES 514 MAGNOLIA AVE PANAMA CITY, FL 32401 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: GARTH BONNEY 08/23/2016 Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title TREASURER Title VP NICHOLSON, MICHAEL PLORIN, WAYNE Name Name 7080 SUMMIT RIDGE CHASE 111 HARDINGWOODS PLACE Address Address City-State-Zip: NASHVILLE TN 37205 City-State-Zip: CUMMING GA 30041 Title PRESIDENT Title SECRETARY Name JASON, WINSLOW Name MARK, BAKER Address 2225 COMMONWEATH AVENUE Address 3985 DEVON OAKS DR. City-State-Zip: CHARLOTTE NC 28205 City-State-Zip: MARIETTA GA 30066 Title DIRECTOR RICHARDS, PEGGY SUE Name Address 1811HWY. 19 City-State-Zip: STEELVILLE MO 65565

Certificate of Status Desired: No

FILED Aug 23, 2016 Secretary of State CC3372382133