| 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 appear above, or on an attachment with all other like empowered. | | | | |
|---|---|------------|--|--|
| SIGNATURE: AUDREY S BULLARD | D | 01/16/2017 | | |

| THE | Ы | The | DV |
|-----------------|-------------------------|-----------------|--------------------|
| Name | BULLARD, CHRIS A | Name | BULLARD, AUDREY S |
| Address | PO BOX 1432 | Address | P.O. BOX 1733 |
| City-State-Zip: | LAKE CITY FL 32056 | City-State-Zip: | LAKE CITY FL 32056 |
| | | | |
| Title | DT | Title | DS |
| Name | MCARDLE, ELIZABETH B | Name | HANOVER, HOLLY |
| Address | PO BOX 766 | Address | P.O. BOX 1733 |
| City-State-Zip: | LAKE CITY FL 32056-0766 | City-State-Zip: | LAKE CITY FL 32056 |
| | | | |
| | | | |

| SIGNATURE: | | | | | | |
|---------------------------|-----------------|--|-----------------|--------------------|--|--|
| | | Electronic Signature of Registered Agent | | | | |
| Officer/Director Detail : | | | | | | |
| | Title | DP | Title | DV | | |
| | Name | BULLARD, CHRIS A | Name | BULLARD, AUDREY S | | |
| | Address | PO BOX 1432 | Address | P.O. BOX 1733 | | |
| | City-State-Zip: | LAKE CITY FL 32056 | City-State-Zip: | LAKE CITY FL 32056 | | |
| | | 27 | T :41a | DC | | |
| | Title | DT | Title | DS | | |
| | Name | MCARDLE, ELIZABETH B | Name | HANOVER, HOLLY | | |
| | A al al u a a a | | Addross | | | |

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.

Current Principal Place of Business: 2753 E US H'WAY 90 LAKE CITY, FL 32055

Current Mailing Address:

DOCUMENT# N0600008306

P.O. BOX 1733 LAKE CITY, FL 32056

FEI Number: 20-5368371

Name and Address of Current Registered Agent:

BULLARD, CHRIS A

1009 SW MAIN BLVD SUITE 130 LAKE CITY, FL 32025 US

Entity Name: WINDING FOREST HOMEOWNER'S ASSOCIATION, INC.

FILED Jan 16, 2017 Secretary of State CC4194941403

Date

Certificate of Status Desired: No

Date