I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec above, or on an attachment with all other like empowered.		
SIGNATURE: AUDREY S BUI LARD	DIRECTOR	02/17/2015

DIRECTOR

SIGNATURE: AUDREY S BULLARD

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA	NOT FOR PROFIT	CORPORATION A	NUAL REPORT

DOCUMENT# N0600008306

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

Current Principal Place of Business:

2753 E US H'WAY 90 LAKE CITY, FL 32055

Current Mailing Address:

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

FILED Feb 17, 2015 Secretary of State CC2167795696

Date

Certificate of Status Desired: No

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 :

Olliool/Biloo			
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
Title	DT	Title	DS
Title Name	DT MCARDLE, ELIZABETH B	Title Name	DS HANOVER, HOLLY
Name Address	MCARDLE, ELIZABETH B	Name Address	HANOVER, HOLLY

Date