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: JEFF GIL	BRECH

I

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. Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	DPS	Title	DVPT
Name	MARKS, RUSSELL	Name	GILBRECH, JEFF
Address	1300 THOMASWOOD DRIVE	Address	625 STONY RIDGE ROAD
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	HEBER SPRINGS AR 72543

# SIGNATURE:

## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0800003896

Entity Name: KALA PRESERVE RANCH OWNERS' ASSOCIATION, INC.

#### **Current Principal Place of Business:**

1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

#### **Current Mailing Address:**

625 STONY RIDGE ROAD HEBER SPRINGS, AR 72543 US

#### FEI Number: 26-0353805

## Name and Address of Current Registered Agent:

BUSH, BENJAMIN B 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308 US

FILED Mar 02, 2015 Secretary of State CC2465901646

Date

Certificate of Status Desired: Yes

03/02/2015

Date

Electronic Signature of Signing Officer/Director Detail

MEMBER