	# NOSODODOS990 : THE PLAZA AT EMERALD LAKE MASTER /	ASSOCIATION	I. INC.	Secretary of State
•	street		.,	7889041193CC
Current Mai	ling Address:			
PO BOX 357 GAINESVILI	7534 _E, FL 32635 US			
FEI Number: 20-4180524 Certificate			Certificate of	Status Desired: No
Name and A	Address of Current Registered Agent:			
PUTZ, JOHN P 7045 NW 22ND SUITE B				
GAINESVILLE,	FL 32653 US			
	FL 32653 US	stered office or regis	tered agent, or both, i	in the State of Florida.
The above named		stered office or regis	tered agent, or both, i	in the State of Florida. 01/17/2022
The above named	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, I	
The above named	d entity submits this statement for the purpose of changing its regis E: JOHN P PUTZ Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, i	01/17/2022
The above named	d entity submits this statement for the purpose of changing its regis E: JOHN P PUTZ Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, i	01/17/2022
The above named SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis E: JOHN P PUTZ Electronic Signature of Registered Agent ctor Detail :			01/17/2022 Date
The above named SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its regis : JOHN P PUTZ Electronic Signature of Registered Agent ctor Detail : PRESIDENT	Title	TREASURER GOODVINE, CA 7065 NW 22ND 3	01/17/2022 Date
The above named SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis E: JOHN P PUTZ Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PUTZ, LUCAS 7045 NW 22ND STREET	Title Name Address	TREASURER GOODVINE, CA	01/17/2022 Date THERINE STREET
The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: JOHN P PUTZ Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PUTZ, LUCAS 7045 NW 22ND STREET	Title Name Address	TREASURER GOODVINE, CA 7065 NW 22ND S SUITE C	01/17/2022 Date THERINE STREET
The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis E JOHN P PUTZ Electronic Signature of Registered Agent ctor Detail : PRESIDENT PUTZ, LUCAS 7045 NW 22ND STREET GAINESVILLE FL 32653	Title Name Address	TREASURER GOODVINE, CA 7065 NW 22ND S SUITE C	01/17/2022 Date THERINE STREET
The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regis E: JOHN P PUTZ Electronic Signature of Registered Agent Ctor Detail : PRESIDENT PUTZ, LUCAS 7045 NW 22ND STREET GAINESVILLE FL 32653 SECRETARY	Title Name Address	TREASURER GOODVINE, CA 7065 NW 22ND S SUITE C	01/17/2022 Date THERINE STREET

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: DONALD E KLINE

SECRETARY

01/17/2022 Date

FILED Jan 17, 2022

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0800006996