

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18667

Entity Name: NATURAL WELLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1708 CORDELL DRIVE
TALLAHASSEE, FL 32315

Current Mailing Address:

P.O. BOX 3621
TALLAHASSEE, FL 32315 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT SUPPORT AND SERVICES, INC.; C/O MEL
1708 CORDELL DRIVE
TALLAHASSEE, FL 32303 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: DONNIE CANNON

04/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DE LA O, HECTOR
Address P.O. BOX 3621
City-State-Zip: TALLAHASSEE FL 32315

Title VP
Name BOSTON, KATHERINE M
Address P.O. BOX 3621
City-State-Zip: TALLAHASSEE FL 32315

Title T
Name SMITH, JUSTIN
Address P.O. BOX 3621
City-State-Zip: TALLAHASSEE FL 32315

Title S
Name SMITH, JUSTIN
Address P.O. BOX 3621
City-State-Zip: TALLAHASSEE FL 32315

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: HECTOR DELAO

PRESIDENT

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date