**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 18, 2019**
**Secretary of State**
**4884485393CC**

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 01/18/2019

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | VP |
| Name | DE LA O, HECTOR | Name | BOSTON, KATHERINE M |
| Address | P.O. BOX 3621 | Address | P.O. BOX 3621 |
| City-State-Zip: | TALLAHASSEE FL 32315 | City-State-Zip: | TALLAHASSEE FL 32315 |
| Title | T | Title | S |
| Name | SMITH, JUSTIN | Name | SMITH, JUSTIN |
| Address | P.O. BOX 3621 | Address | P.O. BOX 3621 |
| City-State-Zip: | TALLAHASSEE FL 32315 | 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 DE LAO P 01/18/2019

Electronic Signature of Signing Officer/Director Detail — Date