Current Prin 205 WALER W. ST. AUGUSTIN	,		509324	101900
Current Mai	ling Address:			
	WAY, SUITE 5 TINE, FL 32086 US			
FEI Number: 84-2267266		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
ALLIANCE REA 205 WALER W SUITE 5	ALTY AND MANAGEMENT AY			
	TINE, FL 32086 US			
SAINT AUGUS	TINE, FL 32086 US d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fi	lorida.
SAINT AUGUS		tered office or regis	tered agent, or both, in the State of Fi	lorida. 02/28/2020
SAINT AUGUS	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fi	
SAINT AUGUS The above name SIGNATURE	d entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fi	02/28/2020
SAINT AUGUS The above name SIGNATURE	d entity submits this statement for the purpose of changing its regis E: CINDY CHAPMAN Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fi	02/28/2020
SAINT AUGUS The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis E: CINDY CHAPMAN Electronic Signature of Registered Agent ctor Detail :			02/28/2020
SAINT AUGUS The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: CINDY CHAPMAN Electronic Signature of Registered Agent ctor Detail : D/P	Title	D/VP	02/28/2020
SAINT AUGUS The above name SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis E: CINDY CHAPMAN Electronic Signature of Registered Agent Ctor Detail : D/P MCCLURE, DEBORAH E 4220 RACE TRACK ROAD	Title Name	D/VP DEARING, MARRK C 4220 RACE TRACK ROAD	02/28/2020
SAINT AUGUS The above name SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: CINDY CHAPMAN Electronic Signature of Registered Agent Ctor Detail : D/P MCCLURE, DEBORAH E 4220 RACE TRACK ROAD	Title Name Address	D/VP DEARING, MARRK C 4220 RACE TRACK ROAD	02/28/2020
SAINT AUGUS The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis E: CINDY CHAPMAN Electronic Signature of Registered Agent ctor Detail : D/P MCCLURE, DEBORAH E 4220 RACE TRACK ROAD ST. JOHNS FL 32259	Title Name Address City-State-Zip:	D/VP DEARING, MARRK C 4220 RACE TRACK ROAD ST. JOHNS FL 32259	02/28/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FREEDOM AT VILLAGE WALK OWNERS ASSOCIATION, INC.

DOCUMENT# N1900006687

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: CINDY S CHAPMAN

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: ST. JOHNS FL 32259

MANAGER

02/28/2020

FILED Feb 28, 2020

Secretary of State

5893241019CC

City-State-Zip: ST. AUGUSTINE FL 32086

Date