#### 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. 02/13/2018

#### SIGNATURE: MICHAEL BORNS

Electronic Signature of Signing Officer/Director Detail

TREASURER

#### DOCUMENT# N24137

Entity Name: SALT CREEK HOMEOWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

240 CANAL BLVD SUITE 2 PONTE VEDRA BEACH, FL 32082

# **Current Mailing Address:**

5455 A1A SOUTH SUITE 3 SAINT AUGUSTINE, FL 32080

# FEI Number: 59-2865382

## Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080 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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	P	Title	т
Name	WELSH, TIMOTHY	Name	BORNS, MICHAEL
Address	5455 A1A SOUTH	Address	5455 A1A SOUTH
City-State-Zip:	SUITE 3 SAINT AUGUSTINE FL 32080	City-State-Zip:	SAINT AUGUSTINE FL 32080
Title		Title	SECRETARY
Title	VP	Title Name	SECRETARY SCHEPENS, WILLIAM
Title Name	VP KORNMAYER, WILLIAM	Name	SCHEPENS, WILLIAM

Certificate of Status Desired: No

Date

FILED Feb 13, 2018 Secretary of State CC0612637650

Date