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: PAMELA FLACK

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N9300003526

Entity Name: BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST 434 STE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST 434 STE 5000 LONGWOOD, FL 32779 US

FEI Number: 59-3231583

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST 434 STE 5000 LONGWOOD, FL 32779 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: BRADLEY POMP

Electronic Signature of Registered Agent

Officer/Director Detail :

RECEIVER Title Name FLACK, PAMELA Address 2180 WEST 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

03/18/2017 Date

Date

FILED Mar 18, 2017 Secretary of State CC2138240402

RECEIVER

03/18/2017

Certificate of Status Desired: No