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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DIRECTOR

SIGNATURE: JOHN P LAUDENSLAGER

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P18000079400

Entity Name: BIENVILLE LAKESIDE VILLAGE 1 ASSOCIATION, INC.

Current Principal Place of Business:

1029 DELACROIX CIRCLE NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 1460 NOKOMIS. FL 34274 US

FEI Number: 83-2435064

Name and Address of Current Registered Agent:

LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275 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	D	Title	D
Name	LAUDENSLAGER, JOHN P	Name	MOREY, ROBERT
Address	PO BOX 1460	Address	PO BOX 1460
City-State-Zip:	NOKOMIS FL 34274	City-State-Zip:	NOKOMIS FL 34274

Certificate of Status Desired: No

FILED Apr 25, 2019 Secretary of State 4978530738CC

Date

04/25/2019

Date