2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18667

FILED Apr 25, 2009 Secretary of State

Entity Name: NATURAL WELLS HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 10095 GREEN FOUNTAIN RD 10184 SANDYROCK LANE TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 **Current Mailing Address: New Mailing Address:** P.O. BOX 1192 WOODVILLE, FL 32362 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUHAMMAD, DAVID MUHAMMAD, DAVID 10184 SANDÝ ROCK LANE 10184 SANDYROCK LANE TALLAHASSEE, FL 32305 US US TALLAHASSEE, FL 32305 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: 04/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BLOOMQUIST, BERGEN MUHAMMAD, DAVID Name: Name: Address: 10095 GREEN FOUNTAIN RD Address: 10184 SANDYROCK LANE City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: TALLAHASSEE, FL 32305 Title: () Delete Title: (X) Change () Addition MUHAMMAD, DAVID Name: Name: ANDERSON, ERIC Address: 10184 SANDY ROCK LANE Address: 10079 SPRING SINK RD. City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: TALLAHASSEE, FL 32305 Title: () Delete Title: () Change () Addition ADKISON, MARY Name: Name: 10069 SPRING SINK RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip: Title: () Delete Title: () Change () Addition Name: O'NEIL, DIANNE Name: 2103 NATIONAL WELLS DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32305 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANNE O'NEIL S 04/25/2009