

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18667

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** NATURAL WELLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10184 SANDYROCK LANE  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

2305 NATURAL WELLS DRIVE  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

P.O. BOX 1192  
WOODVILLE, FL 32362

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUHAMMAD, DAVID  
10184 SANDYROCK LANE  
TALLAHASSEE, FL 32305 US

**Name and Address of New Registered Agent:**

ROSS, CRAIG  
2305 NATURAL WELLS DRIVE  
TALLAHASSEE, FL 32305 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: CRAIG ROSS

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSS, CRAIG  
Address: 2305 NATURAL WELLS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VP  
Name: MUHAMMED, DAVID  
Address: 10184 SANDYROCK LANE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: T  
Name: ADKISON, MARY  
Address: 10069 SPRING SINK ROAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: S  
Name: O'NEIL, DIANNE  
Address: 2103 NATURAL WELLS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

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: MARY ADKISON

T

04/23/2012

Electronic Signature of Signing Officer or Director

Date