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: BRITTON JONES

Electronic Signature of Signing Officer/Director Detail

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	E: SARAH L. BEAVERS	04/13/2018		
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	JONES, BRITTON	Name	BENNETT, STEPHEN	
Address	527 TURKEY CREEK	Address	831 TURKEY CREEK	
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615	
Title	SECRETARY			
Name	CASON, BILL			

ASSOCIATION MANAGEMENT SOLUTIONS ALACHUA, FL 32615 US

**Current Mailing Address:** 

**Current Principal Place of Business:** 

# P.O. BOX 310

ALACHUA. FL 32616-0310 US

## FEI Number: 59-3733881

Name and Address of Current Registered Agent:

20223 NE 6TH STREET

City-State-Zip: GAINESVILLE FL 32609

Address

11400 TURKEY CREEK BLVD.

11400 TURKEY CREEK BLVD. ALACHUA, FL 32615

DOCUMENT# N0000003657

## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ST. ALBAN'S WOOD OWNERS ASSOCIATION, INC.

Certificate of Status Desired: No

### FILED Apr 13, 2018 Secretary of State CC9308904290

04/13/2018 Date

#### PRESIDENT