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.

Ρ

#### SIGNATURE: CRAIG J KRUSE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N16000001432

Entity Name: NATURE LAKE HOMEOWNER'S ASSOCIATION, INC.

#### Current Principal Place of Business:

24 WALTER MARTIN ROAD NE SUITE 201 FORT WALTON BEACH, FL 32548

#### **Current Mailing Address:**

24 WALTER MARTIN ROAD NE SUITE 201 FORT WALTON BEACH, FL 32548

### FEI Number: 81-4959736

## Name and Address of Current Registered Agent:

MEAD, MICHAEL W 24 WALTER MARTIN ROAD NE SUITE 201 FORT WALTON BEACH, FL 32548 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	Р	Title	VP
Name	KRUSE, CRAIG J	Name	WHITWORTH, LEO A JR.
Address	PO BOX 519	Address	105 AUBURN ROAD
City-State-Zip:	DESTIN FL 32540	City-State-Zip:	FORT WALTON BEACH FL 32547
Title	S/T		
Name	DAVIS, AARON M		
Address	105 AUBURN ROAD		
City-State-Zip:	FORT WALTON BEACH FL 32547		

Certificate of Status Desired: No

FILED Apr 18, 2019 Secretary of State 1092617673CC

> 04/18/2019 Date

Date