## Turtlegrass Villas Association, Inc.

P. O. Box 27075 Panama City, FI 32411-7075

(850) 763-3620

## DIRECTOR CERTIFICATION

I, JOHN KUNE of my ability, the Declaration of Condominium written rules, regulations and policies of Bay Poi	_, certify that I have read and understand to the besing Articles of Incorporation, By-Laws and current int Turtlegrass Villas, Inc., a condominium.
I further certify that as a Director, I will faithf association and its members.	ully discharge my fiduciary responsibility to the
Signed: (Signature of Director)	
Date: 5/9/25	