## Turtlegrass Villas Association, Inc.

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

(850) 763-3620

## DIRECTOR CERTIFICATION

I, Tracy Knowles	, certify that I have read and understand to the bes
of my ability, the Declaration of Condominium,	* * *
written rules, regulations and policies of Bay Poi	nt Turtlegrass Villas, Inc., a condominium.
I further certify that as a Director, I will faithfu association and its members.	ally discharge my fiduciary responsibility to the
Signed: Jung had	
(Signature of Director)	
Date: 4/20/2025	