

**SOUTHERN HILLS PLANTATION I COMMUNITY DEVELOPMENT DISTRICT  
BOARD OF SUPERVISORS  
OATH OF OFFICE**

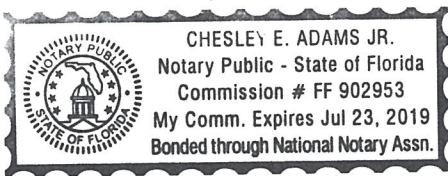
I, MARGARET BLOOMQUIST A CITIZEN OF THE STATE OF FLORIDA AND OF THE UNITED STATES OF AMERICA, AND BEING AN OFFICER OF THE **SOUTHERN HILLS PLANTATION I COMMUNITY DEVELOPMENT DISTRICT** AND A RECIPIENT OF PUBLIC FUNDS AS SUCH OFFICER, DO HEREBY SOLEMNLY SWEAR OR AFFIRM THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

Margaret Bloomquist  
Signature  
Printed Name: MARGARET BLOOMQUIST

STATE OF FLORIDA  
COUNTY OF HERNANDO

The foregoing oath was administered before me this 21 day of FEBRUARY, 2019 by MARGARET BLOOMQUIST who personally appeared before me, and is personally known to me or has produced \_\_\_\_\_ as identification, and is described in and who took the aforementioned oath as a Member of the Board of Supervisors of **Southern Hills Plantation I Community Development District** and acknowledged to and before me that he/she took said oath for purposes therein expressed.

(NOTARY SEAL)



CP Seal  
NOTARY PUBLIC, STATE OF FLORIDA

Print Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_ Expires: \_\_\_\_\_

MAILING ADDRESS:  Home       Office      County of Residence \_\_\_\_\_

Street \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_