## 124672

(Requ	lestor's Name)		
(Address)			
(Address)			
(City)	State/Zip/Phon	o #0	
(City)	State/Zip/Filoti	<del>c #</del> )	
PICK-UP	WAIT,	MAIL	
(Busi	ness Entity Nar	ne)	
-			
(Doci	ıment Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Fi	ling Officer:		
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1			

Office Use Only



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10/20/10--01011--005 \*\*35.80

Amend

SECRETARY OF STATE

\* Moberts NOV 0 2 2010



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 NOV - 1 AM 9: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 21, 2010

**ELIZABETH ROWE** THE OAKS CONDOMINIUM ASSOC 1923 WOODCREST DR WINTER PARK, FL. 32792

SUBJECT: THE OAKS ASSOCIATION, INC.

Ref. Number: 724672

We have received your document for THE OAKS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Regulator,

10-29-10

Correction

The bear made made has supported the support of Tina Roberts

Letter Number: 410A00024975

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:OCES_	Association	
DOCUMENT NUMBER: 72467	2	······································
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
(Name of Co	Elizabeth ontact Person)	Rowe
The oaks (Firm/	ontact Person)  Ond Minium  Company)	Assoc.
1923 Woodcles		
Winter Park, (City/State)	76 32797 and Zip Code)	
		,
E-mail address: (to be used to	or future annual report notification	n)
For further information concerning this matter, please c	all:	
(Name of Contact Person)	at ( <u>40</u> ) <u>579-3</u> (Area Code & Daytime	718 Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of	State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	

Tallahassee, FL 32301

	Articles of Amendment
٠.	to
_	Articles of Incorporation
	Articles of Amendment to  Articles of Incorporation  of  (Name of Corporation as currently filed with the Florida Dept. of State)
	72 4677
	(Document Number of Corporation (if known)
	nant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adoptollowing amendment(s) to its Articles of Incorporation:
A. <u>If</u>	famending name, enter the new name of the corporation:
	new name must be distinguishable and contain the word "corporation" or "incorporated" or the eviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
	nter new principal office address, if applicable: 1923 Woodcrest Dr.
(Prin	cipal office address MUST BE A STREET ADDRESS) Winter Park, 74 327
	3 <i>719</i> 7
-	Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX  1923 Wood (1est Dr.)
	Winter Park, 7L
	3,797
D 14	f amending the registered agent and/or registered office address in Florida, enter the name of the
_	1 4 1 41 41 41 41 41 41 41 41 41 41 41 4
me	Name of New Registered Agent: The Oaks Condomnum Associa
У	1923 Woodcrest Dr.  L-New Registered Office Address: (Florida street address)
ク	Winter Park, Florida 76
	Winter Park, Florida 7C (City) (Zip Code) 32792
Now	Registered Agent's Signature, if changing Registered Agent:
	eby accept the appointment as registered agent. I am familiar with and accept the obligations of
	Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
<u>Pres</u>	Randy Hassler Janet Boss	1911 Woodcrest Dr Winter Park 7432192 1927 Woodcrest D	Add    Cl. Remove
Treas.	Elizabeth Rowe Dorothy Lese	1923 Workrest Dr. 1919 Winter Park on 3x	4 Remove
<u>5æ.</u>	Darren McDaniel Elise Duncan	1921 Woodcrest Dr. 1923 Winter Park, Par 3	Add
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specific		

The date of each amendment(s) adoption:	10-6-10
to the	(date of adoption is required)
Effective date if applicable: (no )	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
Dated	<u>10</u> .
Signature_ Raw	day Hasser
(By the chairman have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator — if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)
Lan	Typed or printed name of person signing)
Pr	(Title of person signing)