

NO7000000 4630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

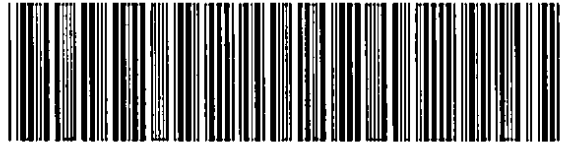
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
SECRETARY OF REVENUE

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C. BRUMBLEY
JAN 11 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPRI COURTS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N0700004630

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

REBECCA J. LAZERSON

Name of Contact Person

OASIS COMMUNITY MANAGEMENT

Firm/Company

5100 W COPANS ROAD, #810

Address

MARGATE, FL 33063

City/State and Zip Code

Becky@oasiscommunitymgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA J. LAZERSON at (754) 229-6823
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAPRI COURTS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 6574 N. STATE ROAD 7 #280
COCONUT CREEK, FL 33073

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/08/2007 Document number: N07000004630

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CHERYL LEVIN
4694 NW 103RD AVE
SUNRISE, FL 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
OASIS COMMUNITY MANAGEMENT, INC.
5100 W COPANS ROAD, #810
P.O. Box NOT acceptable
MARGATE, FL 33063

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

C. Mejia
Signature of an officer or director

CARMEN MEJIA, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

R-L Lazerson
Signature of Registered Agent

DECEMBER 10, 2021
Date

If signing on behalf of an entity:
REBECCA J. LAZERSON - OASIS COMMUNITY
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)