NI2566

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MP 11/10/08

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Oaks Clubside Homeowners Associated (Name of Corporation)	ciation, Inc.
DOCU	JMENT NUMBER: N12566	
The en	closed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	following:
	. Kevin T. Wells, (Name of Contact Pe	Esq.
	(Name of Comact Fe	ason)
	The Law Offices of Kevir (Firm/Company)	n T. Wells, P.A.
٠.	22 S. Links Avenue, (Address)	Suite 301
	Sarasota, Florid (City/State and Zip C	la 34236 Code)
For fu	rther information concerning this matter, please call:	
	Kevin T. Wells, Esq. at ((Name of Contact Person)	941) 366-9191 Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Department of	f State.
	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 Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Oaks Clubside Homeowners Association, Inc.
2. The principal	office address: Lighthouse Management & Realty, 16 Church Street,
Osprey, Fl	orida 34229
3. The mailing a	ddress (if different): Lighthouse Management & Realty, 16 Church Street,
Osprey,	Florida 34229
4. Date of incorp	poration/qualification: 1985 Document number: N12566
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Hartley O'Brien
	443 MacEwen Drive
	Osprey, Florida 34229
6. The name and (if changed):	Osprey, Florida 34229 I street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are
**	Kevin T. Wells, Esq. c/o Kevin T. Wells, P.A.
	22 S. Links Avenue, Suite 301 (P.O. Box NOT acceptable) Sarasota Florida 34236
	(P.O. Box NOT acceptable)
	Odrasota, Florida 04200
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board or the corporation has been notified in writing of the change.
(Signati	David Black, President (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of an familiar willy and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the specific providing of this change.
	gnature of Registered Agent) (Date)
	half of an entity:
K	evin T. Wells, Esq. Typed or Printed Name)

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