

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document#) 4000044913347 -07/23/0101059005 *****35.00 *****35.00
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
<ul><li>□ Walk in</li><li>□ Pick up time</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Certified Copy  Photocopy  Certificate of Status  AMENDMENTS
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 27, 2001

OAKRIDGE MANAGEMENT INC. 3501 W. VINE STREET SUITE 522 KISSIMMEE, FL 34741

SUBJECT: DEAN WOODS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N98000001646

We have received your document for DEAN WOODS HOMEOWNERS 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 registered agent designated must be an active Florida corporation or a foreign corporation authorized to transact business in Florida. Please correct the document.

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

If you have any questions concerning the filing of your document, pleases (850) 245-6916.

Carol Mustain Corporate Specialist

Letter Number: 201A000432

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DIVISION OF CORPORATIONS

## 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,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation:
<u>OEAN WOODS HOMEOWNERS ASSOCIATION, INC.</u> 2. The mailing address of the corporation: 3501 W, VINE ST, SUITE 522
KISSIMMEE, FL 3474
3. Date of incorporation/qualification: 3-20-1998 Document number: N 9800000 16
4. The name and address of the current registered agent and office:
+. The name and address of the current registered agent and office.
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
DAKRIDGE MANAGEMENT, LLC
3501 W. VINE STREET SUITE 522 FR
DAKRIDGE MANAGEMENT, LLC  3501 W. VINE STREET SUITE 522  KISSIMMEE, FLORIDA 34741
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.
Halfan A Nath
(Signature of an officer, chairman of vice chairman of the board)  7 - 20 - 01  (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Signature of Registered Agent)  (Signature of Registered Agent)  (Date)  (Date)
If signing on behalf of an entity:
DAVID 5MITH President (Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)

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