Entity Name: OAKLAND LAKE ESTATES HOME OWNER'S ASSOCIATION, INC.			ION, Secretary 32843474	
Current Pri	ncipal Place of Business:			
1000 PINE HOI ALTAMONTE S	LOW POINT PRINGS, FL 32714			
Current Mai	ling Address:			
	HOLLOW POINT E SPRINGS, FL 32714 US			
FEI Number: 20-5342292		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
1000 PINE HOI	ANAGEMENT OF CENTRAL FLORIDA LLOW POINT SPRINGS, FL 32714 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florid	la.
		stered office or regis	<b>0</b> • • •	<sup>la.</sup> 03/02/2021
	d entity submits this statement for the purpose of changing its regis E: BRETT M JORDAN Electronic Signature of Registered Agent	stered office or regis	<b>0</b> • • •	
SIGNATURE	EIECTONIC Signature of Registered Agent	stered office or regis	<b>0</b> • • •	03/02/2021
	EIEctronic Signature of Registered Agent Ctor Detail :	stered office or regis	<b>0</b> • • •	03/02/2021
SIGNATURE Officer/Dire	EIECTONIC Signature of Registered Agent		VP	03/02/2021
SIGNATURE Officer/Dire	EIECTT M JORDAN Electronic Signature of Registered Agent Ctor Detail : SECRETARY, TREASURER	Title		03/02/2021
SIGNATURE Officer/Dire Title Name	EIECTT M JORDAN Electronic Signature of Registered Agent Ctor Detail : SECRETARY, TREASURER WARREN, LUZ 1000 PINE HOLLOW POINT	Title Name Address	VP WILCOX, MARIO	03/02/2021 Date
SIGNATURE Officer/Dire Title Name Address	EIECTT M JORDAN Electronic Signature of Registered Agent Ctor Detail : SECRETARY, TREASURER WARREN, LUZ 1000 PINE HOLLOW POINT	Title Name Address	VP WILCOX, MARIO 1000 PINE HOLLOW POINT	03/02/2021 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	EIECTT M JORDAN Electronic Signature of Registered Agent Ctor Detail : SECRETARY, TREASURER WARREN, LUZ 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714	Title Name Address	VP WILCOX, MARIO 1000 PINE HOLLOW POINT	03/02/2021 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	EIECTT M JORDAN Electronic Signature of Registered Agent Ctor Detail : SECRETARY, TREASURER WARREN, LUZ 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 PRESIDENT	Title Name Address	VP WILCOX, MARIO 1000 PINE HOLLOW POINT	03/02/2021 Date

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600008126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER HOLLOWAY

Electronic Signature of Signing Officer/Director Detail

03/02/2021 Date

FILED Mar 02, 2021