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.

TREASURER

#### SIGNATURE: DOREEN LATHAM

Electronic Signature of Signing Officer/Director Detail

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.
SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	PD	Title	VD
Name	FRANQUI, WILLIAM	Name	ALBERT, ERIC
Address	9636 NW 49TH STREET	Address	9652 NW 49TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33351	City-State-Zip:	FORT LAUDERDALE FL 33351
Title	TD	Title	SD
Title Name	TD LATHAM, DOREEN	Title Name	SD SWENSON, MARION

# ( & OTTO, P.A.

Current Mailing Address:

9636 NW 49TH STREET FT LAUDERDALE, FL 33351

**Current Principal Place of Business:** 

DOCUMENT# N25014

INC.

P.O. BOX 26912 TAMARAC, FL 33320

## FEI Number: 65-0099378

## Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A. 2699 STIRLING ROAD SUITE C-207 FT. LAUDERDALE, FL 33312 US

Entity Name: OAKWOOD AT SPRINGTREE HOMEOWNERS ASSOCIATION,

## FILED Mar 11, 2018 Secretary of State CC7406950481

Certificate of Status Desired: No

03/11/2018 Date

Date