

725715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACM
8/30/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One Thousand Oaks Condominium Association
Name of Corporation

DOCUMENT NUMBER: 725715

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:

Pamela R. Wolters
Name of Contact Person

P and R Housing Management Corp.
Firm/Company

P.O. Box 568846
Address

Orlando, Florida 32856-8846
City/State and Zip Code

prhousemgt@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela R. Wolters at (407) 841-6248
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2010

PAMELA R. WOLTERS
P.O. BOX 568846
ORLANDO, FL 32856-8846

SUBJECT: ONE THOUSAND OAKS, INC.
Ref. Number: 725715

We have received your document for ONE THOUSAND OAKS, 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 current name of the entity is as referenced above. Please correct your document accordingly.

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

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

Carol Mustain
Regulatory Specialist II

Letter Number: 910A00019431

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: One Thousand Oaks ~~Condominium Association~~ Inc.
2. The principal office address: 1046 E. Michigan Street.
Orlando, FL 32806.
3. The mailing address (if different): P.O. Box 568846.
Orlando, FL 32856-8846.
4. Date of incorporation/qualification: _____ Document number: 725715.
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)

Steven D. Asher

Don Asher + Associates, Inc

1801 Cook Ave Orlando, FL 32806.

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pamela R. Wolters

Pard R Housing Management Corp.

P.O. Box NOT acceptable

5516 Commerce Drive Suite B-100 Orlando, FL 32839

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.

Faye C. Agoes
Signature of an officer or director

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.

Pamela R. Wolters
Signature of Registered Agent

8/9/2010

Date

If signing on behalf of an entity:

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 (8/05)

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