

727 703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

ELAINE M. GATSOS, ESQUIRE
LAW OFFICE OF ELAINE M. GATSOS
5541 N UNIVERSITY DRIVE, SUITE 102
CORAL SPRINGS, FL 33067

SUBJECT: OAKBROOK CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 727703

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 017A00022782

RECEIVED
DIVISION OF CORPORATIONS
TALLERMAN, FLORIDA

17 NOV 21 PM 2:38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oakbrook Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 727703

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:

Elaine M. Gatsos, Esquire

Name of Contact Person

Law Office of Elaine M. Gatsos

Firm/Company

5541 N University Drive, Suite 102

Address

Coral Springs, FL 33067

City/State and Zip Code

emgatsos@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine M. Gatsos, Esquire

561 750-1120

Name of Contact Person

at ()

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

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

1. The name of the corporation: Oakbrook Condominium Association, Inc.
2. The principal office address: 8200 SW 24th Street, N. Lauderdale, FL 33068
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/09/1973 Document number: 727703

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)

resigned

David Schottenfeld, PA

7520 NW 5 Street, 203

Plantation, FL 33317

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

Elaine M. Gatsos, Esquire

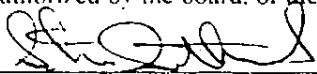
5541 North University Drive, Suite 102

P.O. Box NOT acceptable

Coral Springs, Florida 33067

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

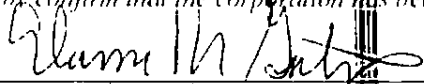
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Steve Sutherland 11/2/17
Printed or typed name and title President

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.



Signature of Registered Agent

11-2-17

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 (03/12)

FILED
17 NOV 21 PM 3:15
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TALLAHASSEE, FLORIDA