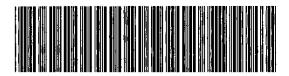
N00504

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Oakbrook Condominium Association of Clearwater
DOCUMENT NUMBER: NOO504
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:
Vashira M. Montane 3 Name of Contact Person
Oakbrook Condoninium Association or deakwater
2225 Mursely Pd (leasing Office)
Charwater fl 33764 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vashira M. Montanes at (127) 536-3562 Name of Contact Person Area Code & Daytime Telephone Number
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



March 22, 2017

YASHIRA M. MONTANEZ OAKBROOK CONDOMINIUM ASSOCIATION 2225 NURSERY ROAD - LEASING OFFICE CLEARWATER, FL 33764

SUBJECT: OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER,

INC.

Ref. Number: N00504

We have received your document for OAKBROOK CONDOMINIUM ASSOCIATION OF CLEARWATER, 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.

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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 317A00005482

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 ofidA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Dallbrook Concominium</u> Association of Clearanter
2. The principal office address: 2225 Mursery Rd Character St 33764
3. The mailing address (if different):
4. Date of incorporation/qualification: 12 21 83 Document number: Nossy
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)
Mikolayczyk, Kim C
2005 Mursepy Rd (leasing Center)
Clearwater Rt 33764
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joshira M. Montanez Dos Nurseez Rd (leasing Center) P.O. Box NOT acceptable Clearwater fl 33-164
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 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. If the 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.
Vashua M. Modang Signature of Registered Agent Date 3/30/2017
Signature of Registered Agent Date Disigning on behalf of an entity:
Vashira M. Montany Typed or Printed Name Typed or Printed Name
* * * FILING FFE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 2314

CR2E045 (03/12)