

**No 1000001576**

## Florida Department of State

Division of Corporations  
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Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE

## THE VILLAGES OF OAK CREEK MASTER ASSOCIATION, INC.

Certificate of Status	0
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2/6/2012

*RAC change*  
2-7-12  
DC

FILED  
12 FEB -6 PM 4:03  
TALLAHASSEE FLORIDA

RECEIVED  
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**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: THE VILLAGES OF OAK CREEK MASTER ASSOCIATION, INC.
2. The principal office address: 4902 EISENHOWER BLVD SUITE 216 TAMPA FL 33634
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/07/2001 Document number: N01000001576
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)

REALMANAGE LLC

4902 EISENHOWER BLVD., SUITE 216

TAMPA FL 33634 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Kimberly Baggett  
Signature of an officer or director

Kimberly Baggett, Secretary

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.

By: C T Corporation System  
Kimberly Baggett  
Signature of Registered Agent

2/2/2012

Date

If signing on behalf of an entity:

Kimberly Baggett, Assistant Secretary

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

CRZE045 (8/05)

FL 006 - 01/23/2009 C T System Online

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