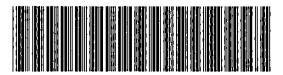
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Oxford Pointe III at Crown Colony Condominium Assoc, Inc. (Name of Corporation)				
DOCUMENT NUMBER: N03000007253				
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:				
Phyllis Bishop (Name of Contact Person)				
(Ivalile of Contact Letson)				
OMNI management services of Florida, Inc				
(Firm/Company)				
27499 Riverview Center Boulevard, Suite 134 (Address)				
Bonita Springs, Florida 34134 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Phyllis Bishop at (239) 596-8308, ext. 27 (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 Street Address: Amendment Section Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.03 ange is submitted for a corporation orgo er to change its registered office or regi.	anized under the laws of the State of _	Florida
1. The name of	the corporation: Oxford Pointe III at Cro	own Colony Condominium Association	n, Inc
2. The principal	office address: 27499 Riverview Center	er Boulevard, Suite 134	
	Bonita Springs, Florid	da 34134	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 08/22/2003	Document number: N030000	07253
	d street address of the current registered rtment of State:	agent and registered office on file wit	h the
	Ruemler, Timothy J		_
	5801 Pelican Bay Blvd, Suite	600	_
	Naples, Florida 34108		_
6. The name and (if changed):	d street address of the new registered ag OMNI management services		O6 JUI
	27499 Riverview Center Bould	evard Suite 134	23 T
	(P.O. Box NOT acceptab		SEE.
	Bonita Springs, Florida 34134	1	F ST
The street addreas changed will	ess of its registered office and the stree be identical.	et address of the business office of its	
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been to	ed by its board of directors or by an notified in writing of the change.	officer so
- Dage	ure of an officer of director)	Phyllis Bishop - Agent (Printed or typed name and to	itle
• -	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ol- ing filed merely to reflect a change in s been notified in writing of this chang		•
My	- Dus	Phyllis Bishop - Agent	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
(1	Typed or Printed Name)		
	* * * FILING F	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314