NO4 000 009 458

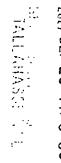
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Amendment Section			
	Division of Corporations			
	ECT: WILTON COMMONS CONDOMINIUM	ASSOCIATION,	INC.	
Name	of Corporation			
DOC	UMENT NUMBER: N04000009458			
The e	nclosed Statement of Change of Registered O	ffice/Agent and	fee are submitted	for filing.
Please	return all correspondence concerning this ma	atter to the follow	wing:	
D-L	ca J. Lazerosn			
	of Contact Person			
	Community Management			
Firm/	Company			
5100 V	W. Copens Road, #810			
Addre	SS			
Marga	ite, FL 33063			
City/S	tate and Zip Code			
	Becky@oasiscommunitymgmt.co	om		
E-mai	il address: (to be used for future annual re		n)	<u> </u>
27 11.14	seed jos. (to ou asser for farme annual re-	port nonneano	,	
For fu	rther information concerning this matter, plea	se call:		
Rebec	ca J. Lazerson	at (754	229-6823	
	Name of Contact Person	Area (Code & Daytime	elephone 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

	er io change iis i		ered agent, or both, in the State of Florida.					
I. The name of the corporation: WILTON COMMON			CONDOMINIUM ASSOCIATION, INC.		_			
2. The principal office address: 5100 W. Copans Road			110		_			
		Margate, FL 33063			_			
_	address (if differ	•			_			
4. Date of incor	rporation/qualific	cation: 10/05/2004	Document number: n04000009458		_			
The name an Florida Depa	d street address outment of State: (of the current registered ag (If resigned, enter resigned	gent and registered office on file with the d)					
	Bruce Johnson	·						
	1210 NE 15th S	Street, Suite 31	S) C.	2072 S				
	Fort Lauderdale	; FL 33304	.L: >3 H:	SEP 2	(2000) 000000 0000000			
6. The name and (if changed):	d street address o	of the new registered agen	at (if changed) and /or registered office	3 P#				
•	Oasis Communi	ity Management		<u>က</u>				
•	5100 W. Copan	s Road, Suite 810		ည်				
P.O. Box NOT acceptable								
	Margate, FL 33	1003						
as changed will	i be identical.	•	address of the business office of its register by its board of directors or by an officer s iffied in writing of the change.	,	,			
such change wanthorized by	<i>~</i> //	7 :						
	Political .		Joseph Kiper, President					
Signah	the appointment to comply with the appointment to comply with the different properties of the appointment of	ector	Joseph Kiper, President Primed or typed name and tale I agree to act in this capacity. Ites relative to the proper and complete per gation of my position as registered agent. registered office address, I hereby confirm	rformance Or, if this m that the	e ;			
Srening Steps of the second se	the appointment to comply with the desired in the d	tt as registered agent and the provisions of all statu with and accept the oblig to reflect a change in the n writing of this change.	Printed or typed name and title	rformance Or, if this m that the	2			
hereby accept further agree of my duties, an document is bel corporation has	•	can second agent and the provisions of all statu with and accept the obligation of this change. Agent	Primed or typed name and title d agree to act in this capacity. tes relative to the proper and complete per gation of my position as registered agent. registered office address, I hereby confirm	rformance Or, if this m that the	2			
hereby accept further agree of my duties, an document is bel corporation has	the appointment to comply with the distribution of the distributio	can second agent and the provisions of all statu with and accept the obligation of this change. Agent	Printed or typed name and title I agree to act in this capacity. Ites relative to the proper and complete per gation of my position as registered agent. Pregistered office address, I hereby confirm August 1, 2022	rformance Or, if this m that the	2			

* * * 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 (04/13)

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