(Requestor's Name) (Address)		
(Address)	500074878255	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	05/22/0601022013 **35.00	
(Document Number) Certified Copies Certificates of Status		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: OAK HAMMOCK OF FT. LAUDERDALE HOMEOWNERS ASSN., INC. (Name of Corporation) DOCUMENT NUMBER: N04000011300 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: Name of Contact Person) MERIDIAN REALTY MAKAGEHENT (Firm/Company) P. O. Box 460909
(Address) FT. LAVD. FL 33346 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 767-0810 (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: OAK HAMMOCK OF FT. LAUDERDALE HOMEOWNERS ASSN.,	INC.
2. The principal	office address: 1212 S. ANDREWS AVENUE SUITE 203 FORT LAUDERDALE FL	33316
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 12/06/2004 Document number: N04000011300	
	street address of the current registered agent and registered office on file with the tment of State:	
	LEOPOLD, KORN & LEOPOLD, P.A.	
	20801 BISCAYNE BOULEVARD SUITE 501	
	AVENTURA FL 33180	tweet here
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	4 6
	DAVID BURGESS EFFEST 3:	
	(P.O. BOX NOT acceptable) 2170, S.S. 17th ST#207, A. LAUD., R. 33316	T.
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
(Signatur	re of an officer or affector) ACAWHRETE ROOM (Printed of typed name and lafte)	
I hereby accept I I further agree to of my duties, and document is bein eorporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
一人な	nature of Registered Agent) (Date)	
(Signing on bel	(5)	
DAVID BUR	·	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *