N04000011305

(Re	questor's Name)	
. (Ad	dress)	
. (Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Amend

SEP 1 3 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OAK CALE	TST ANNEX DWNERS ASSOCIATION, IN	
DOCUMENT NUMBER: NO40001	11305	
The enclosed Articles of Amendment and fee are sub	abmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
ROGER T. DEFOUN	Name of Contact Person)	
BAKEREST ANNEX OWN	VERS ASSN, INC.	
_	(i iniv company)	
6598 150 TS. PLACE		
	(Address)	
WEIBORN, 76. 32	2 <i>094</i>	
	(City/ State and Zip Code)	
SHINESUE @ W/ E-mail address: (to be use	INDSTIZEAM, NET ed for future annual report notification)	
For further information concerning this matter, please	se call:	
ROSER T. DEFOUW	at (386) 963-5926 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	& □\$43.75 Filing Fee & □\$52.50 Filing Fee S Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	



August 3, 2012

ROGER T DEFOUW OAKCREST ANNEX OWNERS ASSOCIATION, INC. 6598 150TH PL WELLBORN, FL 32094

SUBJECT: OAKCREST ANNEX OWNERS ASSOCIATION, INC.

Ref. Number: N04000011305

We have received your document for OAKCREST ANNEX OWNERS ASSOCIATION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Letter Number: 112A00020249

Teresa Brown Regulatory Specialist II

www.sunbiz.org



September 4, 2012

ROGER T DEFOUW OAKCREST ANNEX OWNERS ASSOCIATION, INC. 6598 150TH PL WELLBORN, FL 32094

SUBJECT: OAKCREST ANNEX OWNERS ASSOCIATION, INC.

Ref. Number: N04000011305

We have received your document for OAKCREST ANNEX OWNERS ASSOCIATION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

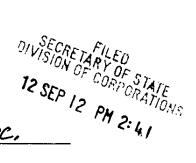
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 212A00022369

Teresa Brown Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of



OAK CILEST ANNEX OWN	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N04000011305	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
K//A	The new
	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.	
B. Enter new principal office address, if applicable:	6598 150 B PLACE) WEILBORN, 76. 32094
(Principal office address <u>MUST BE A STREET ADDRESS</u>) well appl 11 72094
	WEITBOILN, FL. 32079
C. Enter new mailing address, if applicable:	6.
(Mailing address MAY BE A POST OFFICE BOX)	6598 150TG PLACE WEILBORN, FL. 32094
	WELLBORN 7/ 32,094
	VCD111001C10/10,00000
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent: BOGOR 1	DE FOUN
Name of New Registered Agent: ROGER 150	073 June
0778 /30	(Florida street address)
New Registered Office Address:	(-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
WEI/ROB	2N Florida 32094
<u>WE1/Bob</u> (City)	2N , Florida 32094 (Zip Code)
Non-Bosinson Association of the contract of th	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
	71)
Sanature of New Regi	stered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	CHRISTOPHIST WOOLSEY	6310 148 PL. WAIBOIZN, 71. 32094
Remove	L	,	
2) Change Add	<u>5/1'</u>	hori woolsey	6307 148 PL. WELLBOKN, FL. 32094
Remove 3) Change Add	P	ARTHUR "BON" CLAY JR.	14482 615 TPL. WEIIBORN, FL. 32094
Remove 4) Change Add	<u>5/T</u>	ROGER T. DE-FOUN	6598 150 T57L WEILBORN, 7L. 32094
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Remove			
6) Change Add			
Remove		D 4.44	

tach additional sheets, if necessary).	(Be specific)
11/4	
N/A	
	·····
	

The date of each amendment(s) adoption:	A.T.		MAY	18,	201	<u> </u>	,
Effective date <u>if applicable</u> :			MAY	16,	201	2—	
	o more than 90) days aft	er amendm	ent file da	te)		
Adoption of Amendment(s)	CHECK ONE))					
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members a	and the ni	umber of vo	otes cast fo	or the ame	ndment(s)	
There are no members or members entitl adopted by the board of directors.	led to vote on the	the ameno	lment(s). T	he amend	ment(s) w	as/were	
Dated 9 Jest	tembe	ارم	2012	_			
Signature(By the chairman or vi							
have fet been selecte other court appointed				nas or a re	ceiver, iri	istee, or	
ROGER	DE FO	المال					
(Typed o	or printed name	•					
TECKE/ARY (Title o	f person signin	45 U/ 1g)	26-1	,			