

R/A-44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2018

KEVIN DAVIS
COMMUNITY MANAGEMENT SPECIALIST
71 S. CENTRAL AVENUE
OVIEDO, FL 32765

SUBJECT: THE ENCLAVE AT OXFORD PLACE CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N05000006771

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00023545

RECEIVED
2018 DEC - 17 11:01
SECRETARY
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Enclave at Oxford Place Condo Association
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Davis
(Name of Person)

Community Management Specialist
(Firm/Company)

71 S. Central Avenue
(Address)

Oviedo, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Davis at (407) 359-7202
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

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 ENCLAVE AT OXFORD PLACE CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2180 West SR 434 Suite 5000 Longwood, FL 32779
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/30/2005 Document number: N05000006771

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)

Resigned

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

Community Management Specialists Inc.

71 South Central Avenue

P.O. Box NOT acceptable

Oviedo, Florida 32765

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.

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.

[Signature]
Signature of an officer or director

Pres. dent BILLIE SHAWBERRY
Printed or typed name and title

[Signature]
Signature of Registered Agent

11-5-2018
Date

If signing on behalf of an entity:

Karin M. Davis
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

CR2E045 (03/12)

FILED
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