N05634

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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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FILED 2020 NOV -9 PH 1: 25 SECRETARY OF STATE

12/17/20



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CHELSEA AT JACARANDA HOME Name of Corporation	OWNERS, INC.	
DOCUMENT NUMBER: N05634		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
REBECCA J. LAZERSON		
Name of Contact Person		
OASIS COMMUNITY MANAGEMENT		
Firm/Company		
6574 N STATE ROAD 7, #280 Address		
Address		
COCONUT CREEK, FL 33073		
City/State and Zip Code		
Becky@oasiscommunitymgn	nt.com	
E-mail address: (to be used for future annua	report notification)	
For further information concerning this matter, p	please call:	
REBECCA J. LAZERSON	229-6823	
Name of Contact Person	at (754) 229-6823 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassec	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/L3)

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

statement of cha	ange is submitted for a corporati	l, 617.0502, 607.1508, or 617.1508, Florida Steion organized under the laws of the State of $\frac{F}{}$ or registered agent, or both, in the State of Flo	LORIDA	
		JACARANDA HOMEOWNERS, INC.	rida.	
2. The name of	the corporation:	AMUNITY MANAGEMENT		
2. The principal	EROAD 7, #280 COCONUT CRI	MMUNITY MANAGEMENT		
		· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	address (if different);	04		
		Document number: N05634		
The name and Florida Depart	d street address of the current regitment of State: (If resigned, enter	gistered agent and registered office on file with er resigned)	the	
	ALLEN BOSWORTH			
	FORT LAUDERDALE, FL. 333	16	2020 N SECT	====
6. The name and (if changed):		ered agent (if changed) and /or registered offici	- N - 9	
	OASIS COMMUNITY MANAC	DEMENT Y	R R R	1 0 A
	6574 N STATE ROAD 7, #280	P.O. Box NOT acceptable	51A1	, GE
			H O	
	COCONUT CREEK, FL 33073			
The street address changed will	ess of its registered office and the be identical.	he street address of the business office of its r	egistered ag	gent,
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an off been notified in writing of the change.	ficer so	
VV~		Michael Delesparra, President		
Signatui	e of ap offices of director	Printed or typed name and title		
i juriner agree i of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a char been notified in writing of this	agent and agree to act in this capacity. f all statutes relative to the proper and compl t the obligation of my position as registered a nge in the registered office address, I hereby of change.	ete perform igent. Or if confirm that	ance this the
RI Las	WARA	November 4, 2020		
Syp	nature of Registered Agent	Date	170 -0-1-1-	_
If signing on be	half of an entity:			
Rebecca J. Lazers	son			
Ту	ped or Printed Name	_		

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