

N17420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

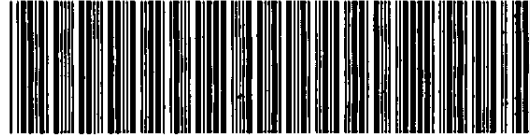
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 25 2016  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oakleaf Cluster Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N17420

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:

Nichole Burkett

Name of Contact Person

Resource Property Management

Firm/Company

28100 U.S. Hwy 19 North #205

Address

Clearwater, Florida 33761

City/State and Zip Code

nburkett@resourcepropertymgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nichole Burkett

Name of Contact Person

at ( 727 ) 796-7900, Ext. 2114  
Area Code & Daytime Telephone 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Oakleaf Cluster Homeowners Association, Inc.
2. The principal office address: 28100 U.S. Hwy 19 North, Suite 205  
Clearwater, Florida 33761
3. The mailing address (if different): n/a

4. Date of incorporation/qualification: 10/21/1986 Document number: N17420
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)

**Rabin Parker, P.A.**

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**200 Pine Avenue North**

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**Oldsmar, Florida 34677**

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

**Rabin Parker, P.A.**  
**28059 U.S. Hwy 19 North, Suite 301**  
**Clearwater, Florida 33761**

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.

William L. Burke  
Signature of an officer or director

Dobbie Kronk President  
Printed or typed name and title

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 of Registered Agent

April 20, 2016

**If signing on behalf of an entity:**

Typed or Printed Name \_\_\_\_\_

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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