

N200 0000 2640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

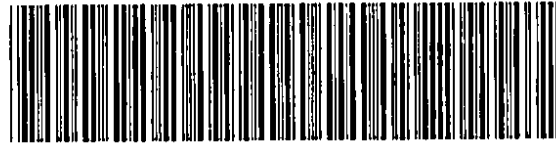
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 FEB 12 PM 5:38

MAR 0 2020

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: OAK WOODS CONDOMINIUM Association, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert CROASMAN
Name (Printed or typed)

2494 TOMOKA FARMS RD
Address

Port Orange, FL 32128
City, State & Zip

386 679 0607
Daytime Telephone number

PIONEERINVEST@bellsouth.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: PAK WOODS CONDOMINIUM ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1130 Herbert St.

Port Orange, FL 32129

Mailing address, if different is:

2494 TOMMKA FARMS RD

Port Orange, FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to MANAGE the condo Association

of 2 to 60 AFFORDABLE CONDOMINIUM 3 BR HOMES to be

constructed and sold in phases. Then to collect

the monthly assessments and provide ALL REQUIRED

utilities and maintenance.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by Registered Agent.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Crossman
Pres + Treasurer

Address: 2494 TOMMKA FARMS RD
Port Orange, FL 32128

Name and Title: DIANA Crossman
V. Pres + Secretary

Address: 2494 TOMMKA FARMS RD
Port Orange, FL 32128

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED IN PUBLIC RECORDS

20 FEB 12 PM 1:38

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Crossman

Address: 2494 Tomoka Farms Rd
Port Orange, FL 32128

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robert Crossman

Address: 2494 TOMOKA FARMS RD
Port Orange, FL 32128

20 FEB 12 PM 3:38
TALLAHASSEE, FLA

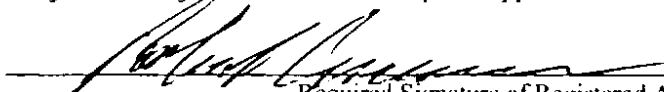
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

2-4-2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

2-4-2020
Date