

N23579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

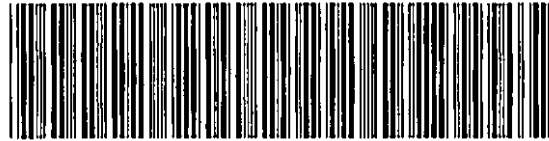
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A. RAMSEY
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OAK TREE VILLAS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N23579

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:

John Newsome, Manager

Name of Contact Person

c/o SynergyCAMS

Firm/Company

12161 Ken Adams Way, Suite 110-II

Address

Wellington, FL 33414

City/State and Zip Code

jnewsome@synergycams.com

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

For further information concerning this matter, please call:

John Newsome, Manager

Name of Contact Person

at (561) 567-9100

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: OAK TREE VILLAS ASSOCIATION, INC.
2. The principal office address: c/o SynergyCAMS, Inc., 12161 Ken Adams Way, Suite 177
Wellington, FL 33414
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/20/1987 Document number: N23579

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)

LEVINE, JAY STEVEN

2500 NORTH MILITARY TRAIL, SUITE 283

BOCA RATON, FL 33431

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

SKRLD, INC.

201 Alhambra Circle, 11th Floor


P.O. Box NOT acceptable

Coral Gables, FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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.


Signature of an officer or director

Andrew Carduner 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.

By: 
Signature of Registered Agent

10/18/2021
Date

If signing on behalf of an entity:

Lisa A. Lerner
Typed or Printed Name

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