N31089

(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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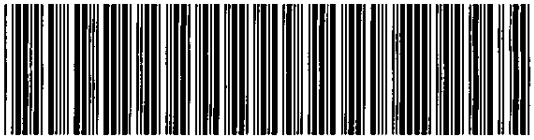

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TALLAHASSEE, FLORIDA

R.A. Change

TB 11-8-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE OAKS PRESERVE MANAGEMENT ASSOC
(Name of Corporation)

DOCUMENT NUMBER: N 31089

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:

BETH CALLANS
(Name of Contact Person)

BETH CALLANS MANAGEMENT CORP
(Firm/Company)

595 BAY ISLES RD SUITE 200
(Address)

LONGBOAT KEY, FLORIDA 34228
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ANN PAYNE at (941) 387-3443
(Name of Contact Person) (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

7060
10.6.07

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: OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.
2. The principal office address: 595 BAY ISLES RD SUITE 200 LONGBOAT KEY, FLORIDA 34228
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-9-89 Document number: N 31089
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MERRILL S. TODD
877 EXECUTIVE CENTER DR
ST PETERSBURG, FL 33702

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TALLAHASSEE, FLORIDA

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

BETH CALLANS MANAGEMENT CORP
595 BAY ISLES RD SUITE 200
(P.O. Box NOT acceptable)
LONGBOAT KEY, FL 34228

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.

M. A. Payne
(Signature of an officer or director)

MARY ANN PAYNE VCAM
(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)

10-24-07
(Date)

If signing on behalf of an entity:

BETH CALLANS, PRESIDENT
(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 (8/05)