

N31089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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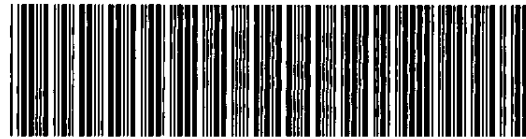
(Business Entity Name)

(Document Number)

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R. A. Rochs
10/11/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Oaks Preserve Management Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N31089

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:

Sheena Palacios
Name of Contact Person

Lighthouse Property Management
Firm/Company

16 Church Street
Address

Osprey, Florida 34229
City/State and Zip Code

sheenapalacios@mgmt.tv
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheena Palacios at (941) 966-6844
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

**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: The Oaks Preserve Management Association, Inc.
2. The principal office address: C/O Lighthouse Property Management
16 Church Street, Osprey, Florida 34229
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/09/1989 Document number: N31089
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)

Beth Callans Management Corp.

595 Bay Isles Road Suite 200

Longboat Key, Florida 34228

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

Harold Dell

127 Turquoise Lane

P.O. Box NOT acceptable

Osprey, Florida 34229

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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.

Harold Dell
Signature of an officer or director

HAROLD DELL - TREASURER
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

Date

If signing on behalf of an entity:

Harold Dell
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