

N32918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

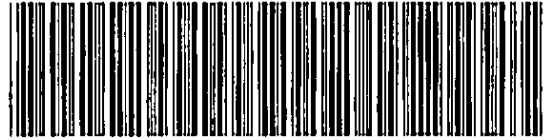
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

A. BUTLER  
JUL 15 2022

# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Oak Hammocks Association Inc.  
Name of Corporation

DOCUMENT NUMBER: N32918

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:

Patricia A. Crooks  
Name of Contact Person

Oak Hammocks Association Inc.  
Firm/Company

8313 SW Bent Oak Court  
Address

Stuart FL 34997  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) pacrooks@gmail.com

For further information concerning this matter, please call:

Patricia A. Crooks at ( 772 ) 349-0310  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Hammocks Association Inc
- 2. The principal office address: 8313 SW Bent Oak Court, Stuart FL 34997
- 3. The mailing address (if different): -
- 4. Date of incorporation/qualification: 6/21/1989 Document number: N32918
- 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)

Gerald Turner  
8335 SW Bent Oak Court  
Stuart FL 34997

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

Patricia A. Crooks  
8313 SW Bent Oak Court  
Stuart FL 34997

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 P.O. Box NOT acceptable

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.

Patricia A. Crooks  
 Signature of an officer or director

Patricia A. Crooks  
 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.*

Patricia A. Crooks  
 Signature of Registered Agent

5-9-2022  
 Date

If signing on behalf of an entity:

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

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