

1742973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800294500148

01/23/17--01010--019 **35.00

FILED

2017 JAN 23 P 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2016

After

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oak Pond Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N42973

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:

Michael Folkman
Name of Contact Person

Oak Pond HOA
Firm/Company

1300 S Starling Dr
Address

Inverness, FL 34450-5200
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Folkman at 419 706-9951
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: Oak Pond Homeowners Association, Inc.
2. The principal office address: 1300 S Starling Dr., Inverness, FL 34450
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/11/1991 Document number: N42973
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)

Mary Drury

8632 E Sora Ct

Inverness, FL 34450

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

Samuel Conners

1330 S Dovekie Terrace

P.O. Box NOT acceptable

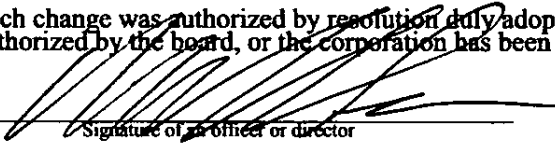
Inverness, FL 34450

2017 JAN 23 P 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Michael S Folkman

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

01/19/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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