1/18/00-90029-006-$61.25-$61.25

R)

DOCUMENT # N94000003465

1. Entity Name

OAKLEIGH POINTE UNIT TWO HOMEOWNERS' ASSOCIATION

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-18-2000 90029 006 ****61.25

Principal Place of Business	Mailing Address
8081 PHILIPS HIGHWAY, SUITE 14 JACKSONVILLE FL 32256 US	8081 PHILIPS HIGHWAY, SUITE 14 JACKSONVILLE FL 32256-7444 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3293439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTGOMERY, MITCHELL R 9440 PHILLIPS HWY #9 JACKSONVILLE FL 32256	Name: DEBRA McGREGOR Street Address (P.O. Box Number is Not Acceptable): 8081 PHILIPS Hwy SUITE 14 City: JACKSONVILLE FL Zip Code: 32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Debra McGregor DEBRA McGREGOR 1-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MONTGOMERY, MITCHELL R 9440 PHILLIPS HWY #9 JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIdenT DP DEBRA McGREGOR 8081 PHILIPS Hwy SUITE 14 JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GANDY, ROYCE C 9440 PHILLIPS HWY, #9 JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DVP VICKIE BRATWOLD 8081 PHILIPS Hwy. SUITE 14 JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HITE, PATSY A 9440 PHILLIPS HWY #9 JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T DST CLIFF GRAY 8081 PHILIPS Hwy. SUITE 14 JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra McGregor DEBRA McGREGOR 1-6-00 9047333300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #