

N960000004292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

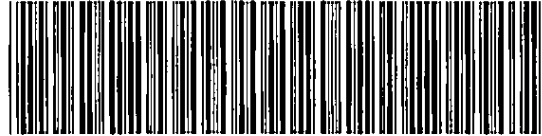
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 02 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2018

STEVEN PUGH
PLATINUM COMMUNITY MANAGEMENT, LLC
813 NEW YORK AVENUE
SAINT CLOUD, FL 34769

SUBJECT: OSPREY COVE AT THE OAKS CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N96000004292

We have received your document for OSPREY COVE AT THE OAKS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 918A00021398

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OSPREY COVE AT THE OAKS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N96000004292

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:

STEVEN PUGH

Name of Contact Person

PLATINUM COMMUNITY MANAGEMENT, LLC

Firm/Company

813 NEW YORK AVE

Address

SAINT CLOUD 34769

City/State and Zip Code

platinumcommunitymanagementllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN PUGH

Name of Contact Person

at (**407**) **957-9066**

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: OSPREY COVE AT THE OAKS CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 913 Mabette Street, Kissimmee, FL 34741

3. The mailing address (if different): 913 Mabette Street, Kissimmee, FL 34741

4. Date of incorporation/qualification: 8/16/1996 Document number: N96000004292

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)

Proper-T-Management, Inc

913 Mabbetter Street

Kissimmee, FL 34741

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

PLATINUM COMMUNITY MANAGEMENT, LLC

813 NEW YORK AVE

P.O. Box NOT acceptable

SAINT CLOUD, FL 34769

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.

Janice G. Cullity
Signature of an officer or director

Janice Cullity - President

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]
Signature of Registered Agent

10/1/2018

Date

If signing on behalf of an entity:

PLATINUM COMMUNITY MANAGEMENT, LLC

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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA