I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: JAMES K. TABB, JR.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P,D	Title	S,D
Name	SIMPSON, WILTON E	Name	TABB, JAMES KJR.
Address	P. O. BOX 721	Address	13816 CARRYBACK DR.
City-State-Zip:	TRILBY FL 33593	City-State-Zip:	DADE CITY FL 33525

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.

2014 FLORIDA NOT FOR PROFIT CO	RPORATION ANNUAL REPORT

DOCUMENT# N0600006835

Entity Name: OAK GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13816 CARRYBACK DR, DADE CITY, FL 33525

Current Mailing Address:

13816 CARRYBACK DR, DADE CITY, FL 33525

FEI Number: 20-8339756

Name and Address of Current Registered Agent:

NEWLON, JONATHAN W 12054 CURLEY RD. SAN ANTONIO, FL 33576 US

Certificate of Status Desired: No

01/11/2014

Date

FILED Jan 11, 2014 Secretary of State CC8200758922

Date