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.

PD

#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N06000007372

Entity Name: OAK HEIGHTS 3 CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

750 OAK HEIGHTS COURT 305 PORT ORANGE, FL 32127

### **Current Mailing Address:**

750 OAK HEIGHTS CT. #305 PORT ORANGE, FL 32127

#### FEI Number: 90-0316107

#### Name and Address of Current Registered Agent:

THOMPSON, ROGER 750 OAK HEIGHTS COURT 305 PORT ORANGE, FL 32127 US

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:

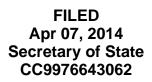
Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	PD	Title	STD	
Name	THOMPSON, ROGER	Name	JEAN, MARX	
Address	750 OAK HEIGHTS CT #305	Address	750 OAK HEIGHTS CT #310	
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32127	

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ROGER THOMPSON



Certificate of Status Desired: No

04/07/2014 Date

Date