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.	

## FEI Number: 90-0316107

DOCUMENT# N0600007372

750 OAK HEIGHTS COURT

PORT ORANGE, FL 32127

**Current Mailing Address:** 750 OAK HEIGHTS CT.

PORT ORANGE, FL 32127

305

#305

I

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OAK HEIGHTS 3 CONDOMINIUM ASSOCIATION, INC.

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:

## Officer/Director Detail ·

City-State-Zip: PORT ORANGE FL 32127

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		
Title	MGR				
Name	THOMPSON, SHELLY A				
Address	750 OAK HEIGHTS COURT SUITE 305				

SIGNATURE: SHELLY THOMPSON MGR

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/19/2019 Date

Date