

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007372

**FILED**  
**Jun 16, 2020**  
**Secretary of State**  
**5184251310CC**

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title MGR  
Name THOMPSON, SHELLY A  
Address 750 OAK HEIGHTS COURT  
SUITE 305  
City-State-Zip: PORT ORANGE FL 32127

*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.*

**SIGNATURE:** SHELLY THOMPSON

**MGR**

**06/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date