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.

DVP

SIGNATURE: MICHELLE CARTER

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Title	DP	Title	DVP	
Name	BRIDGES, SAM	Name	CARTER, MICHELLE	
Address	6030 97 AVENUE	Address	6020 97 AVENUE	
City-State-Zip:	PINELLAS PARK FL 33782	City-State-Zip:	PINELLAS PARK FL 33782	
Title	DST			
Name	HILLIS, KATHLEEN			
Address	6080 97 AVENUE			
City-State-Zip:	PINELLAS PARK FL 33782			

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:

Current Mailing Address: 5514 PARK BOULEVARD

5514 PARK BOULEVARD PINELLAS PARK, FL 33781

DOCUMENT# N06000011349

Current Principal Place of Business:

PINELLAS PARK. FL 33781

FEI Number: 20-8560059

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PALMER, COREY 5514 PARK BOULEVARD PINELLAS PARK, FL 33781 US

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2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OAK BLUFF NORTH HOMEOWNERS ASSOCIATION, INC.

FILED Feb 21, 2013 Secretary of State CC5687460424

Certificate of Status Desired: No

Date

02/21/2013

Date