| | Current Principal Place of Business: 449 CHRIS LN MARY ESTHER, FL 32569 | | | | | |
|---------------------------|---|--|--|--|--|--|
| | Current Mailing Address: | | | | | |
| | 13400 ANCHOR CT CARROLLTON, VA 23314 US | | | | | |
| | FEI Number: 26-0710666 Ce | | | | | |
| | Name and Address of Current Registered Agent: | | | | | |
| | FANN, DARRELL 449 CHRIS LANE MARY ESTHER, FL 32569 US | | | | | |
| | The above named entity submits this statement for the purpose of changing its registered office or registered | | | | | |
| | SIGNATURE: | | | | | |
| | Electronic Signature of Registered Agent | | | | | |
| Officer/Director Detail : | | | | | | |
| | | | | | | |

l agent, or both, in the State of Florida.

| Title | PD | Title | SD |
|-----------------|----------------------|-----------------|----------------------|
| Name | FANN, DARRELL | Name | HULLETT, KIM M |
| Address | 449 CHRIS LANE | Address | 447 CHRIS LN |
| City-State-Zip: | MARY ESTHER FL 32569 | City-State-Zip: | MARY ESTHER FL 32569 |

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

SIGNATURE: FANN, DARRELL

Electronic Signature of Signing Officer/Director Detail

FILED May 30, 2020 Secretary of State 3076992229CC

ertificate of Status Desired: No

Date

05/30/2020

Date

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OAKLEAF ESTATES HOMEOWNERS ASSOCIATION, INC.

DOCUMENT# N07000007730