Current Prin	ncipal Place of Business:			
	NGS, FL 34688			
Current Mai	ling Address:			
P.O. BOX 12 TARPON SF	294 PRINGS, FL 34688 US			
FEI Number: 59-3110052		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
	STAL PROPERTY MGMT, LLC			
1400 LAKE TAI				
1400 LAKE TAI TARPON SPRI	RPON AVE	egistered office or regis	tered agent, or both, in the State of Flo	prida.
1400 LAKE TAI TARPON SPRI The above name	RPON AVE NGS, FL 34688 US	egistered office or regis	tered agent, or both, in the State of Flo	orida. 04/27/2023
1400 LAKE TAI TARPON SPRI The above name	RPON AVE NGS, FL 34688 US d entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Flo	
1400 LAKE TAI TARPON SPRI The above name SIGNATURE	RPON AVE NGS, FL 34688 US d entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Flo	04/27/2023
1400 LAKE TAI TARPON SPRI The above name SIGNATURE	RPON AVE NGS, FL 34688 US d entity submits this statement for the purpose of changing its re E: LYNN M PARRISH Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the State of Flo	04/27/2023
1400 LAKE TAI TARPON SPRI The above name SIGNATURE Officer/Dire	RPON AVE NGS, FL 34688 US d entity submits this statement for the purpose of changing its re E: LYNN M PARRISH Electronic Signature of Registered Agent Ctor Detail :			04/27/2023
1400 LAKE TAI TARPON SPRI The above name SIGNATURE Officer/Dire Title	RPON AVE NGS, FL 34688 US d entity submits this statement for the purpose of changing its re E: LYNN M PARRISH Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	SECRETARY	04/27/2023

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: DEBBIE KRONK

PRESIDENT

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Entity Name: OAKLEAF CLUSTER HOMEOWNERS ASSOCIATION, INC.

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FILED Apr 27, 2023 Secretary of State 3665492466CC

Date