DOCUMENT# N28198		Apr 05, 2023 Secretary of State 0806169681CC		
Entity Name: OAKS LANDING CONDOMINIUM ASSOCIATION, INC.				
517 1ST STREE	ncipal Place of Business: ET S BEACH, FL 33785		080616966	
Current Mai	ling Address:			
	REET, UNIT2 CKS BEACH, FL 33785 US			
FEI Number: 59-2966404			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
LUISI, FRANK 517 1ST ST				
	SBCH., FL 33785 US	registered office or regis	tered agent or both in the State of Florida	
The above named	d entity submits this statement for the purpose of changing its	registered office or regis		
The above named		registered office or regis		4/05/2023 Date
The above named	entity submits this statement for the purpose of changing its FRANK LUISI Electronic Signature of Registered Agent	registered office or regis		4/05/2023
The above named	entity submits this statement for the purpose of changing its FRANK LUISI Electronic Signature of Registered Agent	registered office or regis		4/05/2023
The above named SIGNATURE Officer/Direc	entity submits this statement for the purpose of changing its FRANK LUISI Electronic Signature of Registered Agent ctor Detail :		04	4/05/2023
The above named SIGNATURE Officer/Dired Title	e entity submits this statement for the purpose of changing its FRANK LUISI Electronic Signature of Registered Agent Ctor Detail : VP	Title	04 S	4/05/2023
The above named SIGNATURE Officer/Dired Title Name Address	entity submits this statement for the purpose of changing its in FRANK LUISI Electronic Signature of Registered Agent Ctor Detail : VP LUISI, FRANK	Title Name Address	04 S LAMB, ROBERTA	4/05/2023 Date
The above named SIGNATURE Officer/Dired Title Name Address	<ul> <li>d entity submits this statement for the purpose of changing its in Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>VP</li> <li>LUISI, FRANK</li> <li>854 SOUTHERN DRIVE</li> </ul>	Title Name Address	S LAMB, ROBERTA 517 1ST STREET, UNIT 2	4/05/2023 Date
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E entity submits this statement for the purpose of changing its in E FRANK LUISI Electronic Signature of Registered Agent Ctor Detail : VP LUISI, FRANK 854 SOUTHERN DRIVE FRANKLIN SQUARE NY 11010	Title Name Address	S LAMB, ROBERTA 517 1ST STREET, UNIT 2	4/05/2023 Date
The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title	entity submits this statement for the purpose of changing its in E FRANK LUISI Electronic Signature of Registered Agent Ctor Detail : VP LUISI, FRANK 854 SOUTHERN DRIVE FRANKLIN SQUARE NY 11010 SECRETARY	Title Name Address	S LAMB, ROBERTA 517 1ST STREET, UNIT 2	4/05/2023 Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: TODD WINGARD

Electronic Signature of Signing Officer/Director Detail

FILED