N32409

(Requestor's Name)
(Address)
,
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
,
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(Common territory)
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R.A. Change

TB 2-2608

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Oakwood Village Homeowners' Association, Inc. (Name of Corporation)				
DOCUMENT NUMBER: N32409				
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matte				
Diane Cohen, Esq. (Name of Co	ontact Person)			
LAW OFFICES OF DIANE COHEN, P.A. (Firm/Company)				
111 W. Main Street, Suite 203 (Address)				
Inverness, Florida 34450				
(City/State and Zip Code)				
For further information concerning this matter, please	call:			
Diane Cohen, Esq. (Name of Contact Person)	at (352) 637-1899 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Depart.	tment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or registe	ized under the laws of the State of <u>F</u>	lorida
1. The name of	the corporation: Oakwood Village Homeo	owners' Association, Inc.	
2. The principal	office address: 4401 N. Rath Rue Point,	Beverly Hills, FL 34465	
3. The mailing a	address (if different): PO Box 640605, B	everly Hills, FL 34465	
4. Date of incor	poration/qualification: 5/19/1989	Document number: N32409	
	d street address of the current registered a rtment of State:	gent and registered office on file with	the
	William J. Willis		
	4401 N. Rath Rue Point		2
	Beverly Hills, FL 34465		TAEL BY
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered offic	SS S
	Diane Cohen, Esq.		P. P. S. P.
	111 W. Main Street, Suite 203		FLORITE FLORI
	(P.O Box NOT acceptable Inverness, FL 34450)	2
	ess of its registered office and the street be identical. as authorized by resolution duly adopte the board, or the corporation has been not be incorporation.		
authorized by t	he board, or the corporation has been no		•
(Signat	ure of an officer or director)	William J. Willis-Treasurer (Printed or typed name and tit	le)
I hereby accept I further agree of my duties, an document is be corporation ha	the)appointment as registered agent ar to comply with the provisions of all stat nd I am familiar with and accept the obl ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity, utes relative to the proper and com ligation of my position as registered ne registered office address, I hereby	plete performance agent. Or, if this v confirm that the
Dane	gnature of Registered Agent)	February 20, 2008	
If signing on be	chalf of an entity:	(Andrews)	
Diane Cohen	·		
	Typed or Printed Name)		
	* * * FILING FI	EE: \$35.00 * * *	