LORIDA, FL	33857 US					
FEI Number: 58-1967362			Certificate of Status Desired: No			
Name and A	ddress of Current Registered Agent:					
SHATNEY, PAT 6048 OAK LEAF SEBRING, FL 3	E CIRCLE					
		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.				
The above named	entity submits this statement for the purpose of changing its regis	tered office or regist	tered agent, or both, in the State of F	lorida.		
	entity submits this statement for the purpose of changing its regis : PATRICK SHATNEY	tered office or regist	tered agent, or both, in the State of F	lorida. 01/14/2021		
	, , , , , , , , , , , , , , , , , , , ,	tered office or regisi	tered agent, or both, in the State of F			
	Electronic Signature of Registered Agent	tered office or regist	tered agent, or both, in the State of F	01/14/2021		
SIGNATURE	Electronic Signature of Registered Agent	tered office or regist	tered agent, or both, in the State of F	01/14/2021		
SIGNATURE	PATRICK SHATNEY Electronic Signature of Registered Agent ctor Detail :			01/14/2021		
SIGNATURE Officer/Direc	PATRICK SHATNEY Electronic Signature of Registered Agent PRESIDENT	Title	SECRETARY	01/14/2021		

Title

Name

Address

City-State-Zip:

DIRECTOR

PRESIDENT

LUECK, GARY

6172 OAK LEAFE CIRCLE

SEBRING FL 33876

### **Current Mailing Address:**

**Current Principal Place of Business:** 

P.O. BOX 34

ASSOCIATION, INC.

6196 OAK LEAFE CIRCLE SEBRING, FL 33876

Title

Name

Address

City-State-Zip:

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. 01/14/2021

## SIGNATURE: PATRICK P SHATNEY

TREASURER

VOLPE, HERBERT

SEBRING FL 33876

6006 OAK LEAFE CIRCLE

Electronic Signature of Signing Officer/Director Detail

Entity Name: OAK LEAFE OF HIGHLANDS COUNTY HOMEOWNERS'

# FILED Jan 14, 2021 Secretary of State 3621100731CC

Date