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.

PRESIDENT

## SIGNATURE: PHILIP STEPHAN

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: 2180 WEST SR 434

**Current Principal Place of Business:** 

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: OAKBREEZE COVE OWNERS ASSOCIATION, INC.

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

## FEI Number: 59-3143300

DOCUMENT# N50601

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 32779

## Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

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.

SIGNATURE	E JAMES W HART JR			04/17/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	STEPHAN, PHILIP	Name	MARTIN, JOSEPH	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	SECRETARY, TREASURER, DIRECTOR			
Name	BLANKS, DEBORAH			
Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779			

Certificate of Status Desired: No

FILED Apr 17, 2016 Secretary of State CC1244512796