VICE PRESIDENT SIGNATURE: VISHAL PATEL

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SAINT CLOUD, FL 34769 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: DONNIE MARTINEZ										
	Electronic Signature of Registered Agent									
Officer/Director Detail :										
Title	DIRECTOR	Title	VP							
Name	SANSONE, GIUSEPPE	Name	PATEL, VISHAL							
Address	4735 OLD CANOE CREEK RD	Address	4735 OLD CANOE CREEK RD							
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769							
Title	TREASURER	Title	DIRECTOR							
Name	CABRERA, EVA	Name	PENA VELASQUEZ, ROSA A							
Address	4735 OLD CANOE CREEK RD	Address	4735 OLD CANOE CREEK RD							
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769							

				-			
Na	ame an	d A	ddress	of	Current	Registered	Agent:

4735 OLD CANOE CREEK RD SAINT CLOUD, FL 34769 US

Name and Address of Current Registered Agent:

MARTINEZ, DONNIE

4735 OLD CANOE CREEK RD

FEI Number: 34-2050177

REPORT DOCUMENT# N0500005952

Entity Name: OAKCREST AT SOUTHMEADOW CONDOMINIUM ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Current Principal Place of Business:

4735 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

Current Mailing Address:

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

> 07/22/2021 Date

Certificate of Status Desired: No