2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018179

Entity Name: OAKLAWN CEMETERY ASSOCIATION

Current Principal Place of Business:

1929 ALLEN PARKWAY HOUSTON, TX 77019

Current Mailing Address:

1929 ALLEN PARKWAY HOUSTON, TX 77019 US

FEI Number: 59-0380400

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRD	Title	VP
Name	LONGINO, N. LEE	Name	ARGUE, PAM
Address	26133 US 19 NORTH STE 308	Address	4815 C CLYDE MORRIS BLVD
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	PORT ORANGE FL 32129
Title	VP	Title	VP
Name	GRUENDL, KEITH	Name	BRIGGS, CURTIS G
Address	26133 US 19 NORTH STE 308	Address	1929 ALLEN PARKWAY
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	HOUSTON TX 77019
Title	VP	Title	SD
Title Name	VP GUARA, MANUEL	Title Name	SD KEY, JANET
Name	GUARA, MANUEL	Name	KEY, JANET 1929 ALLEN PARKWAY
Name Address City-State-Zip:	GUARA, MANUEL 8200 BIRD RD FL 2 MIAMI FL 33155	Name Address City-State-Zip:	KEY, JANET 1929 ALLEN PARKWAY HOUSTON TX 77019
Name Address	GUARA, MANUEL 8200 BIRD RD FL 2	Name Address	KEY, JANET 1929 ALLEN PARKWAY
Name Address City-State-Zip:	GUARA, MANUEL 8200 BIRD RD FL 2 MIAMI FL 33155	Name Address City-State-Zip:	KEY, JANET 1929 ALLEN PARKWAY HOUSTON TX 77019
Name Address City-State-Zip: Title	GUARA, MANUEL 8200 BIRD RD FL 2 MIAMI FL 33155 ASD	Name Address City-State-Zip: Title	KEY, JANET 1929 ALLEN PARKWAY HOUSTON TX 77019 T
Name Address City-State-Zip: Title Name	GUARA, MANUEL 8200 BIRD RD FL 2 MIAMI FL 33155 ASD GARRETT, SUSAN	Name Address City-State-Zip: Title Name	KEY, JANET 1929 ALLEN PARKWAY HOUSTON TX 77019 T TRIESCH, MICHAEL 1929 ALLEN PARKWAY

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL G TRIESCH

TREASURER

02/12/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 12, 2016 Secretary of State CC6571195398