

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 018179

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC7876185943**

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASD  
Name GARRETT, SUSAN  
Address 1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title T  
Name TRIESCH, MICHAEL  
Address 1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title PRD  
Name LONGINO, N. LEE  
Address 26133 US 19 NORTH STE 308  
City-State-Zip: CLEARWATER FL 33763

Title VP  
Name ARGUE, PAM  
Address 4815 C CLYDE MORRIS BLVD  
City-State-Zip: PORT ORANGE FL 32129

Title VP  
Name GRUENDL, KEITH  
Address 26133 US 19 NORTH STE 308  
City-State-Zip: CLEARWATER FL 33763

Title VP  
Name BRIGGS, CURTIS G  
Address 1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title VP  
Name GUARA, MANUEL  
Address 8200 BIRD RD FL 2  
City-State-Zip: MIAMI FL 33155

Title SD  
Name KEY, JANET  
Address 1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

*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**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date