

2024 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**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 TREASURER, DIRECTOR
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 GRUENDL, KEITH
Address 26133 US 19 NORTH STE 308
City-State-Zip: CLEARWATER FL 33763

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

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

Title DIRECTOR
Name BOCAGE, STERLING C
Address 1929 ALLEN PKWY
TAX DEPT 9TH FL
City-State-Zip: HOUSTON TX 77019

Title SECRETARY, DIRECTOR
Name WALKER, KATIE M
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****04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date