

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001553

**Entity Name:** OAKWOOD ACRES PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 12, 2019**  
**Secretary of State**  
**8031530235CC**

**Current Principal Place of Business:**

4452 HANSEN TRAIL  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

P.O. BOX 15334  
BROOKSVILLE, FL 34604 US

**FEI Number: 01-0640434**

**Certificate of Status Desired: No**

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

THE HOGAN LAW FIRM, LLC  
11031 SPRING HILL DRIVE  
SPRING HILL, FL 34608 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:** CARRIE N. FELICE, ESQUIRE

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENCHEY, STEPHANIE  
Address        P.O. BOX 15334  
City-State-Zip: BROOKSVILLE FL 34604

Title            TREASURER  
Name            SEGOVIA, JAMES  
Address        P.O. BOX 15334  
City-State-Zip: BROOKSVILLE FL 34604

Title            SECRETARY  
Name            ROTH, DOUGLAS  
Address        P.O. BOX 15334  
City-State-Zip: BROOKSVILLE FL 34604

Title            DIRECTOR  
Name            CASEY, JAMES  
Address        P.O BOX 15334  
City-State-Zip: BROOKSVILLE FL 34604

Title            DIRECTOR  
Name            SCHELBROCK, KAREN  
Address        P.O. BOX 15334  
City-State-Zip: BROOKSVILLE FL 34604

*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.*

**SIGNATURE:** STEPHANIE HENCHEY

**REGISTERED AGENT**

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date