## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01320

**Entity Name: OAKS CLUB CORPORATION** 

**Current Principal Place of Business:** 

301 MACEWEN DRIVE OSPREY. FL 34229

**Current Mailing Address:** 

301 MACEWEN DRIVE OSPREY, FL 34229

FEI Number: 59-2369514 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTIGAN, JEFF 301 MACEWEN DRIVE OSPREY, FL 34229 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

FILED Apr 18, 2014

**Secretary of State** 

CC4264504833

## Officer/Director Detail:

| Title SECRETARY, DIRECTOR | Title | TD |
|---------------------------|-------|----|
|---------------------------|-------|----|

Name WILLIAMS, MARY Name RYAN, FRED

Address 301 MACEWEN DRIVE Address 301 MACEWEN DRIVE

City-State-Zip: OSPREY FL 34229 City-State-Zip: OSPREY FL 34229

Title DIRECTOR Title DIRECTOR

NameJOHNSON, STEVENameSOUTHORN, MALCOLMAddress301 MACEWEN DRIVEAddress301 MACEWEN DRIVECity-State-Zip:OSPREY FL 34229City-State-Zip:OSPREY FL 34229

Title DIRECTOR, VP Title DIRECTOR, PRESIDENT Name CLACK, CHARLES BOGATAY, JOHN Name Address 301 MACEWEN DRIVE 301 MACEWEN DRIVE Address City-State-Zip: OSPREY FL 34229 OSPREY FL 34229 City-State-Zip:

Title DIRECTOR Title DIRECTOR

NameFERRUCCI, PETERNameJOHNSON, ALICEAddress301 MACEWEN DRIVEAddress301 MACEWEN DRIVECity-State-Zip:OSPREY FL 34229City-State-Zip:OSPREY FL 34229

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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: JOHN BOGATAY PRESIDENT 04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name HAZLETT, TIM

Address 301 MACEWEN DRIVE City-State-Zip: OSPREY FL 34229