

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006704

FILED
Mar 07, 2013
Secretary of State
CC6476493065

Entity Name: THE OAKS BUSINESS CENTER CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

10036 SAWGRASS DR WEST
SUITE 1
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH STE 3
ST. AUGUSTINE, FL 32080 US

FEI Number: 20-5413194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SUITE 3
ST. AUGUSTINE, FL 32080 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 P
Name JOHNSON, MICHAEL
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP
Name OLIVER, HENRY H
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER, SECRETARY
Name ROHNER, ROBERT
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name POWERS, ALEX
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name DEPALMA, ANDREA
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title P
Name JOHNSON, MICHAEL
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP
Name OLIVER, HENRY H
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER, SECRETARY
Name ROHNER, ROBERT
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

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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: MICHAEL JOHNSON

PRESIDENT

03/07/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POWERS, ALEX
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name POWERS, ALEX
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name DEPALMA, ANDREA
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City-State-Zip: ST. AUGUSTINE FL 32080

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