

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006704

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

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC9405331674**

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O. BOX 600033  
JACKSONVILLE, FL 32260 US

**FEI Number: 20-5413194**

**Certificate of Status Desired: No**

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

PROPERTY MANAGEMENT PARTNERS & ASSOCIATES, INC.  
12058 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223 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: ELAINE BROOKS**

**04/08/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOHNSON, MICHAEL  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title VP  
Name OLIVER, HENRY H  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title TREASURER, SECRETARY  
Name ROHNER, ROBERT  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name POWERS, ALEX  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR  
Name DE PALMA, ANDREA  
Address P.O. BOX 600033  
City-State-Zip: JACKSONVILLE FL 32260

*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**

**04/08/2015**

Electronic Signature of Signing Officer/Director Detail

Date