

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006704

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

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**4529843545CC**

**Current Principal Place of Business:**

150 HILDEN ROAD, STE 300  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

150 HILDEN ROAD, STE 300  
PONTE VEDRA, FL 32081 US

**FEI Number: 20-5413194**

**Certificate of Status Desired: No**

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

JOHNSON, MIKE  
150 HILDEN ROAD, STE 300  
PONTE VEDRA, FL 32081 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, MIKE  
Address 150 HILDEN ROAD STE 300  
City-State-Zip: PONTE VEDRA FL 32081

Title VP  
Name OLIVER, HENRY H  
Address 150 HILDEN ROAD STE 300  
City-State-Zip: PONTE VEDRA FL 32081

Title TREASURER, SECRETARY  
Name ROHNER, ROBERT  
Address 150 HILDEN ROAD STE 300  
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR  
Name POWERS, ALEX  
Address 150 HILDEN ROAD STE 300  
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR  
Name FORTINI, MARCO  
Address 150 HILDEN ROAD STE 300  
City-State-Zip: PONTE VEDRA FL 32081

*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: MIKE JOHNSON**

**P**

**02/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date