| Current Prin<br>16593 SAND H<br>JACKSONVILL |  |                           |   |            |
|---|--|---------------------------|---|------------|
| Current Mai                                 | iling Address:   |                           |   |            |
|   | D HILL DRIVE<br>ILLE, FL 32226 US                                  |                           |   |            |
| FEI Number: 20-1640412 Certificate of Statu |  |                           | Certificate of Status Des               | sired: Yes |
| Name and A                                  | Address of Current Registered Agent:                               |                           |   |            |
| HURST, CALEI<br>2624 MANASS<br>TALLAHASSEE  |  |                           |   |            |
| The above name                              | d entity submits this statement for the purpose of changing its re | egistered office or regis | tered agent, or both, in the State of F | lorida.    |
| SIGNATUR                                    | E: CALEB HURST   |                           |   | 01/30/2015 |
|   | Electronic Signature of Registered Agent                           |                           |   | Date       |
| Officer/Dire                                | ector Detail :   |                           |   |            |
| Title                                       | MR.  | Title                     | MR.                                     |            |
| Name  | HURST, CALEB   | Name                      | MESSER, LAWRENCE                        |            |
| Address                                     | 2624 MANASSAS WAY  | Address                   | 16600 SAND HILL DRIVE                   |            |
|   |  |                           |   |            |
| City-State-Zip:                             | TALLAHASSEE FL 32312   | City-State-Zip:           | JACKSONVILLE FL 32226                   |            |
|   | TALLAHASSEE FL 32312   | City-State-Zip:           | JACKSONVILLE FL 32226                   |            |

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: CALEB HURST

PRESIDENT

01/30/2015

DOCUMENT# N06000010461

## Entity Name: OAK BLUFF ESTATES HOMEOWNERS ASSOCIATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business

FILED Jan 30, 2015 **Secretary of State** CC5196359454

Date

Electronic Signature of Signing Officer/Director Detail