

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011349

**Entity Name:** OAK BLUFF NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6030 97TH AVE N.  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

6030 97TH AVE N  
PINELLAS PARK, FL 33782 US

**FEI Number:** 20-8560059

**Certificate of Status Desired:** No

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

BRIDGES, RACHAEL  
6030 97TH AVE N.  
PINELLAS PARK, FL 33782 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:** RACHAEL BRIDGES

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER, DIRECTOR  
Name            BRIDGES, SAMMY  
Address        6030 97TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

Title            PRESIDENT, DIRECTOR  
Name            REYNOLDS, MICHELLE  
Address        6020 97TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

Title            SECRETARY  
Name            BRIDGES, RACHAEL  
Address        6030 97TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

Title            VP, DIRECTOR  
Name            SCHRADER, MARISSA  
Address        6060 97TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

*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:** RACHAEL BRIDGES

**SECRETARY**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date