No
2/2019
Date

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: MOTI BOAZIZ

Electronic Signature of Signing Officer/Director Detail

Entity Name: OAKBROOK OF GAINESVILLE ASSOCIATION, INC.

## **Current Principal Place of Business:**

5522-B NW 43 STREET GAINESVILLE, FL 32653

#### **Current Mailing Address:**

5522-B NW 43 STREET GAINESVILLE. FL 32653 US

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#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Mar 12, 2019

**Secretary of State** 9422794041CC

03/12/2019

Date

# PRESIDENT