Current Principal Place of Business. 113 HARRINGTON CT DAVENPORT, FL 33837 Current Mailing Address: 113 HARRINGTON CT DAVENPORT, FL 33837 US FEI Number: 46-4717561 Name and Address of Current Registered Agent: HAYES, ROBERT S ESQ. 441 W. VINE STREET KISSIMMEE, FL 34741 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:	DOCUMENT# N13000008258 Entity Name: OAKBRIDGE COMMERCE PARK OWNERS ASSOCIATION, INC.	Feb 02, 20 Secretary of 511821731
113 HARRINGTON CT DAVENPORT, FL 33837 US FEI Number: 46-4717561 Certificate of Status Desired Name and Address of Current Registered Agent: HAYES, ROBERT S ESQ. 441 W. VINE STREET KISSIMMEE, FL 34741 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.		
DAVENPORT, FL 33837 US FEI Number: 46-4717561 Certificate of Status Desired Name and Address of Current Registered Agent: HAYES, ROBERT S ESQ. HAYES, ROBERT S ESQ. KISSIMMEE, FL 34741 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.	Current Mailing Address:	
Name and Address of Current Registered Agent: HAYES, ROBERT S ESQ. 441 W. VINE STREET KISSIMMEE, FL 34741 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.		
HAYES, ROBERT S ESQ. 441 W. VINE STREET KISSIMMEE, FL 34741 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.	FEI Number: 46-4717561 Certifica	ate of Status Desired
441 W. VINE STREET KISSIMMEE, FL 34741 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.	Name and Address of Current Registered Agent:	
	441 W. VINE STREET	
SIGNATURE:	The above named entity submits this statement for the purpose of changing its registered office or registered agent, o	or both, in the State of Florida.
	SIGNATURE:	

Electronic Signature of Registered Agent

Officer/Director Detail : Title DVS Title D Name GAUCHAT, DIANA Name MALONEY, MARA 113 HARRINGTON CT 4545 PLEASANT HILL ROAD, SUITE Address Address 205 City-State-Zip: DAVENPORT FL 33837 City-State-Zip: **KISSIMMEE FL 34759** Title D Title CFO AMATO, MICHAEL J Name Name SHOEN, PAULA 1 COURTHOUSE SQUARE, SUITE Address Address 12350 NW 82ND COURT 3100 City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: CHIEFLAND FL 32626

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.

CFO

SIGNATURE: PAULA SHOEN

Electronic Signature of Signing Officer/Director Detail

Date

ate of Status Desired: No

02/02/2023

Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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