

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32702

Entity Name: THE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 28, 2015
Secretary of State
CC8166316570**Current Principal Place of Business:**C/O LARRY TAYLOR
124 RIVERSEDGE DR
E PALATKA, FL 32131**Current Mailing Address:**C/O LARRY TAYLOR
124 RIVERSEDGE DR
E. PALATKA, FL 32131**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PICKENS, JOE H.
113 N. 4TH STREET
PALATKA, FL 32077 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	TAYLOR, LARRY
Address	124 RIVERSEDGE DR
City-State-Zip:	EAST PALATKA FL
Title	D
Name	HAYNES, DANA
Address	113 RIVERS EDGE DR
City-State-Zip:	EAST PALATKA FL 32131
Title	D
Name	MCCLOUD, IZELLE
Address	110 WATER OAK CT
City-State-Zip:	EAST PALATKA FL 32131

Title	STD
Name	DANDO, LEE/ SECRETARY, TREASURER
Address	101 RIVERVIEW TERRACE
City-State-Zip:	EAST PALATKA FL
Title	D
Name	KENNEDY, CHRISTOPHER
Address	115 RIVERS EDGE DR
City-State-Zip:	EAST PALATKA FL 32131
Title	D
Name	PARNELL, WALTER
Address	107 WATER OAK CT
City-State-Zip:	EAST PALATKA FL 32131

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: LARRY TAYLOR**PRESIDENT****02/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date