

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000830

**Entity Name:** THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5455 A1A S  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

5455 A1A S  
ST AUGUSTINE, FL 32080 US

**FEI Number: 59-3370513**

**Certificate of Status Desired: No**

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

MAY MANAGEMENT SERVICES INC  
5455 A1A S  
ST AUGUSTINE, FL 32080 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           TREASURER  
Name           CARAHER, ALISON  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           PRESIDENT  
Name           GORMLEY, ART  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           VP  
Name           GERBERT, DEBI  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           S  
Name           PROCHASKA, BARBARA  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

Title           DIRECTOR  
Name           JENSON, MATTHEW  
Address        5455 A1A S  
City-State-Zip: ST AUGUSTINE FL 32080

*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: MATTHEW JENSON**

**DIRECTOR**

**02/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date