

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000830

FILED
Feb 28, 2019
Secretary of State
7538547649CC

Entity Name: THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
ST AUGUSTINE, FL 32080

Current Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

FEI Number: 59-3370513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKS, ANNA M
C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
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: ANNA M MARKS

02/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PROCHASKA, BARBARA
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title VP
Name MILLS, WAYNE
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title SECRETARY
Name MANSFIELD, RICK
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER
Name MACHNIC, JOHN
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name KEADY, JOYCE
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name DARNELL, SCOTT
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name HANLON, JOHN
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR
Name STRAIT, BRENDA K
Address C/O MAY MANAGEMENT SERVICES,
 INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080

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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: BARBARA PROCHASKA

PRESIDENT

02/28/2019

Officer/Director Detail Continued :

Title DIRECTOR
Name DOWDEE, JAMES
Address C/O MAY MANAGEMENT SERVICES, INC
 5455 A1A SOUTH
City-State-Zip: ST AUGUSTINE FL 32080