2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000830

Entity Name: THE OAKBRIDGE HOMEOWNERS ASSOCIATION, INC.

FILED Mar 01, 2021 **Secretary of State** 6934658880CC

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 03/01/2021

> Date Electronic Signature of Registered Agent

> > INC

INC

5455 A1A SOUTH

5455 A1A SOUTH

Officer/Director Detail:

INC

INC

INC

above, or on an attachment with all other like empowered.

City-State-Zip:

Title **PRESIDENT** Title VΡ

Name GORMLEY, NANCY Name KARBOWSKI, CHRISTINE

Address C/O MAY MANAGEMENT SERVIES, Address C/O MAY MANAGEMENT SERVICES,

5455 A1A SOUTH 5455 A1A SOUTH

ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER**

TRIOLA, JOYCE GILREATH, MELISSA Name Name

Address C/O MAY MANAGEMENT SERVICES, Address C/O MAY MANAGEMENT SERVICES, INC INC

5455 A1A SOUTH

ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name MACHNIC, JOHN Name TAVARES, JOSEPH

C/O MAY MANAGEMENT SERVICES, Address C/O MAY MANAGEMENT SERVICES, Address

INC

5455 A1A SOUTH 5455 A1A SOUTH

City-State-Zip: ST AUGUSTINE FL 32080 City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR Title DIRECTOR

Name PROCHASKA, BARBARA Name GARRETT, WILLIAM

C/O MAY MANAGEMENT SERVICES, Address C/O MAY MANAGEMENT SERVICES, Address

5455 A1A SOUTH

ST AUGUSTINE FL 32080 ST AUGUSTINE FL 32080 City-State-Zip:

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

03/01/2021 SIGNATURE: NANCY GORMLEY PRESIDENT