DOCUMENT# N9600000830

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC. 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:	CATHERINE MARKS		
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	PRESIDENT	Title	VP
Name	GERBERT, DEBORAH A	Name	GORMLEY, ART
	C/O MAY MANAGEMENT SERVIES, INC 5455 A1A SOUTH	Address	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	SECRETARY	Title	TREASURER
Name	PROCHASKA, BARBARA ANN	Name	TRIOLA, JOYCE
	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH	Address	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	City-State-Zip:	ST AUGUSTINE FL 32080
Title	DIRECTOR	Title	DIRECTOR
Name	KARBOWSKI, CHRISTINE	Name	TAVARES, JOSEPH
	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH	Address	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH
	ST AUGUSTINE FL 32080	City-State-Zip:	
Title	DIRECTOR	Title	DIRECTOR
Name	GILREATH, MELISSA	Name	CARON, ADAM
	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH	Address	C/O MAY MANAGEMENT SERVICES, INC 5455 A1A SOUTH
City-State-Zip:	ST AUGUSTINE FL 32080	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: DEBORAH A GERBERT

PRESIDENT

FILED Mar 10, 2022 Secretary of State 6370454030CC

Certificate of Status Desired: No