Entity Name: OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208 COOPER CITY, FL 33026

DOCUMENT# N9600002121

Current Mailing Address:

C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208 COOPER CITY, FL 33026 US

FEI Number: 65-0670497

Name and Address of Current Registered Agent:

TUCKER & TIGHE PA 800 E BROWARD BLVD 710 FT. LAUDERDALE, FL 33301 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:	THOMAS TIGHE		04/10/2018
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	PRESIDENT	Title	DIRECTOR
Name	ROBINSON, AMY	Name	KATZ, MARSHALL
Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208	Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026	City-State-Zip:	COOPER CITY FL 33026
Title	DIRECTOR	Title	т
Name	NISENBAUM, BARBARA	Name	WELSBY, CECILE
Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208	Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026	City-State-Zip:	COOPER CITY FL 33026
Title	DIRECTOR	Title	VP
Name	GOODMAN, BATYA	Name	TAYLOR, CONRAD
Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208	Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208
City-State-Zip:	COOPER CITY FL 33026	City-State-Zip:	COOPER CITY FL 33026
Title	DIRECTOR		
Name	HOEKENGA, RYAN		
Address	C/O ATLANTIS MANAGEMENT SERVICES 11011 SHERIDAN STREET SUITE 208		
City-State-Zip:	COOPER CITY FL 33026		

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: AMY ROBINSON

PRESIDENT

FILED Apr 10, 2018 Secretary of State CC8084294814

Certificate of Status Desired: No