

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000635

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC5474253669**

**Entity Name:** OAK COURT ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LAW OFFICES OF LOBECK & HANSON, P.A.  
2033 MAIN STREET, SUITE 403  
SARASOTA, FL 34237

**Current Mailing Address:**

C/O LAW OFFICES OF LOBECK & HANSON, P.A.  
2033 MAIN STREET, SUITE 403  
SARASOTA, FL 34237

**FEI Number:** 65-0785683

**Certificate of Status Desired:** No

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

LAW OFFICES OF LOBECK & HANSON, P.A.  
2033 MAIN STREET, SUITE 403  
SARASOTA, FL 34237 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 P  
Name WILSON, MARK  
Address 38 TALL TREES CT  
City-State-Zip: SARASOTA FL 34232

Title VP  
Name MOTTER, JOSEPHINE  
Address 152 TALL TREES CT  
City-State-Zip: SARASOTA FL 34232

Title S  
Name GLOVER, LINDA  
Address 56 TALL TREES CT  
City-State-Zip: SARASOTA FL 34232

Title T  
Name ZIGGAS, KATHLEEN  
Address 32 TALL TREES CT  
City-State-Zip: SARASOTA FL 34232

Title D  
Name LANDRY, BOB  
Address 41 TALL TREES CT  
City-State-Zip: SARASOTA FL 34232

*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:** MARK WILSON

**PRESIDENT**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date