

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732511

FILED
Mar 19, 2020
Secretary of State
4508735230CC

Entity Name: SOUTHERN OAKS ASSOCIATION, INC.

Current Principal Place of Business:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256 US

FEI Number: 59-2488595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA - COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE, INC.
7400 BAYMEADOWS WAY
STE 317
JACKSONVILLE, FL 32256 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: AMANDA JOHANNES

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HINSON, JACQUELINE
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER, SECRETARY
Name GOLDINGER, TAMMY
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name REUM, MICHELE
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name VOGEL, ALTHEA
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name GLOVER, BILL
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SMITH, CAROLYN
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MATOTT, JEANNE
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name ALEXANDER, ALICE
Address 7400 BAYMEADOWS WAY
 STE 317
City-State-Zip: JACKSONVILLE FL 32256

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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: JACQUELINE HINSON

PRESIDENT

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name LEE, VICKI

Address 7400 BAYMEADOWS WAY
STE 317

City-State-Zip: JACKSONVILLE FL 32256