

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732511

Entity Name: SOUTHERN OAKS ASSOCIATION, INC.**Current Principal Place of Business:**7601 TIMBERWOOD DRIVE
JACKSONVILLE, FL 32256**Current Mailing Address:**7601 TIMBERWOOD DRIVE
JACKSONVILLE, FL 32256 US**FEI Number:** 59-2488595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDINGER MANAGEMENT SERVICES
7601 TIMBERWOOD DRIVE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	MATOTT, JEANNE
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	VC
Name	REUM, MICHELE
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	GLOVER, BILL
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	SCHULTZ, JIM
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER, SECRETARY
Name	ROBINSON, JANET
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	VOGEL, ALTHEA
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	SMITH, CAROLYN
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR
Name	FOX, GEORGE
Address	7601 TIMBERWOOD DRIVE
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: JEANNE MATOTT**CHAIRPERSON****01/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KEMP, ROBERT
Address	7601 TIMBERWOOD DRIVE
City-State-Zip:	JACKSONVILLE FL 32256