

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 732511

**Mar 15, 2023**

**Entity Name:** SOUTHERN OAKS ASSOCIATION, INC.

**Secretary of State  
2851228473CC**

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

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

Title VC  
Name KEMP, ROBERT  
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**

**03/15/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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