

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001710

**Entity Name:** OAKSHIRE ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
LONGWOOD, FL 32750 US

**FEI Number: 59-3700403****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HMI  
C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
LONGWOOD, FL 32750 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: LORIE FULKES****04/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CHRISTOPHER , HARE  
Address C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT  
Name MANLEY, RENARD  
Address C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY  
Name JAMES, DAVID  
Address C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
City-State-Zip: LONGWOOD FL 32750

Title TREASURER  
Name SCHMIDLI, RICHARD A  
Address C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR  
Name KNIGHT, WINSTON  
Address C/O HMI  
760 FLORIDA CENTRAL PKWY # 200  
City-State-Zip: LONGWOOD FL 32750

*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: RENARD MANLEY****PRESIDENT****04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date