

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003648

Entity Name: OAKSTEAD HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**3550 BUSCHWOOD PARK DR.
STE 150
TAMPA, FL 33618**Current Mailing Address:**C/O ASSOCIA GULF COAST
3550 BUSCHWOOD PARK DR. STE 150
TAMPA, FL 33618 US**FEI Number:** 33-1006524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC.
3550 BUSCHWOOD PARK DR.
STE 150
TAMPA, FL 33618 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:** DENNIS MANSFIELD

02/02/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AYOUB, CHRISTOPHER
Address C/O ASSOCIA GULF COAST
 3550 BUSCHWOOD PARK DR. STE
 150
City-State-Zip: TAMPA FL 33618

Title TREASURER
Name BOGMAN, AMY
Address C/O ASSOCIA GULF COAST
 3550 BUSCHWOOD PARK DR. STE
 150
City-State-Zip: TAMPA FL 33618

Title DIRECTOR
Name ST CYR, JACQUELINE
Address C/O ASSOCIA GULF COAST
 3550 BUSCHWOOD PARK DR. STE
 150
City-State-Zip: TAMPA FL 33618

Title VP
Name GOLDSTEIN, GARY
Address C/O ASSOCIA GULF COAST
 3550 BUSCHWOOD PARK DR. STE
 150
City-State-Zip: TAMPA FL 33618

Title SECRETARY
Name COCHRAN, GERALDINE
Address C/O ASSOCIA GULF COAST
 3550 BUSCHWOOD PARK DR. STE
 150
City-State-Zip: TAMPA FL 33618

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: CHRISTOPHER AYOUB

PRESIDENT

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date