

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

DOCUMENT# N03000007227

**FILED**  
**May 11, 2020**  
**Secretary of State**  
**2753130935CC**

**Entity Name:** OLDE OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256 US

**FEI Number:** 56-2416530

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIA - CMC JACKSONVILLE  
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

05/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SEMOUCHTCHAK, VICTORIA  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name MCCRARY, DETRA J  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name BATTLE, BRIDGETTE  
Address 7400 BAYMEADOWS WAY  
STE 317  
City-State-Zip: JACKSONVILLE FL 32256

*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:** DETRA JACKSON-MCCRARY

PRESIDENT

05/11/2020

Electronic Signature of Signing Officer/Director Detail

Date