

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009430

**Entity Name:** VAN DYKE OFFICE CENTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**19005 N DALE MABRY  
LUTZ, FL 34655**Current Mailing Address:**19005 N DALE MABRY  
LUTZ, FL 34655 US**FEI Number:** 26-0801555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOYLE & MCGRATH REAL ESTATE, LLC  
19005 N DALE MABRY  
LUTZ, FL 34655 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:** JOHN DOYLE

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	WHITE, BETH
Address	19005 N DALE MABRY HWY
City-State-Zip:	LUTZ FL 33548

Title	D
Name	SILVA, DAVID
Address	19005 N DALE MABRY HWY
City-State-Zip:	LUTZ FL 33548

Title	D
Name	TORRES, MARIO
Address	19005 N DALE MABRY HWY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	DOUGLAS , SHAWN
Address	19005 N DALE MABRY HWY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	LAKHANI, AMIR
Address	19005 N DALE MABRY HWY
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	FAINGOLD, LINDA
Address	19005 N DALE MABRY HWY
City-State-Zip:	LUTZ FL 33548

*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:** SHAWN DOUGLAS**DIRECTOR**

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date