

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

DOCUMENT# N05000005923

**Entity Name:** SOUTHLAKE OFFICE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

305 KINGLSLEY LAKE DRIVE  
703  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

3545 ST JOHNS BLUFF ROAD S  
#301  
JACKSONVILLE, FL 32224

**FEI Number:** 20-3005860

**Certificate of Status Desired:** No

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

BREITBART, JERRE  
121 ST ANDREWS PLACE DRIVE  
JACKSONVILLE, FL 32224 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 VP  
Name WELSH, CHRISTINA  
Address 3545 ST JOHNS BLUFF ROAD S  
#301  
City-State-Zip: JACKSONVILLE FL 32224

Title PRESIDENT  
Name LINDER, JERRY  
Address 3545 ST JOHNS BLUFF ROAD S  
#301  
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY / TREASURER  
Name VON DER OSTEN, KURT  
Address 3545 ST JOHNS BLUFF ROAD S  
#301  
City-State-Zip: JACKSONVILLE FL 32224

*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:** JERRY LINDER

**PRES**

**01/18/2020**

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

\_\_\_\_\_  
Date