## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011048

Entity Name: AUGUSTINE OAKS OFFICE CENTER OWNERS ASSOCIATION,

INC.

**FILED** Jan 24, 2019 **Secretary of State** 5713881247CC

#### **Current Principal Place of Business:**

11481 OLD ST AUGUSTINE ROAD

STE. #104

JACKSONVILLE, FL 32258

# **Current Mailing Address:**

3545 ST. JOHNS BLUFF ROAD, SO. #301 JACKSONVILLE, FL 32224 US

FEI Number: 02-0767792 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BREITBART, JERRE 11555 CENTRAL PARKWAY STF. #404 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: JERRE BREITBART 01/24/2019

> Electronic Signature of Registered Agent Date

### Officer/Director Detail:

#301

Title PRES/DIR Title VP, DIR CENTRELLA, JASON Name Name GILES, RICK

Address 3545 ST. JOHNS BLUFF ROAD, S., Address 3545 ST. JOHNS BLUFF ROAD, S., #301

#301

JACKSONVILLE FL 32224 City-State-Zip: City-State-Zip: JACKSONVILLE FL 32224

Title SEC/DIR Title TREAS/DIR

ALLEN, BRUCE HAAS, RANDALL DR. Name Name

3545 ST. JOHNS BLUFF ROAD, S., Address 3545 ST. JOHNS BLUFF ROAD, S., Address

#301

City-State-Zip: JACKSONVILLE FL 32224 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.