

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011048

**Entity Name:** AUGUSTINE OAKS OFFICE CENTER OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 12, 2023**  
**Secretary of State**  
**1708169391CC**

**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  
STE. #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**

**01/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES./TREASURER

Name ALLEN, BRUCE

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

City-State-Zip: JACKSONVILLE FL 32224

Title VICE-PRES./SEC

Name FREEMAN, DOROTHY

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

City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR

Name ZAWATSKY, PAUL DR.

Address 3545 ST. JOHNS BLUFF ROAD, SO.  
#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: BRUCE ALLEN**

**PRESIDENT**

**01/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date