

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011048

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

FILED
Feb 02, 2024
Secretary of State
3710318277CC

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

02/02/2024

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 VP / SECRETARY
Name FREEMAN, DOROTHY
Address 3545 ST. JOHNS BLUFF ROAD, SO.
 #301
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER
Name HAMMOUND, RAMADEN
Address 3545 ST. JOHNS BLUFF ROAD, SO.
 #301
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name ZACZEK, KRYSTAL
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

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date