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: JASON CENTRELLA	PRESIDENT	01/24/2015			

PRESIDENT

SIGNATURE: JASON CENTRELLA

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	E: KENNETH E. FRICK		01/24/2015	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	P/D	Title	P/VP	
Name	CENTRELLA, JASON	Name	GILES, RICK	
Address	3545 ST. JOHNS BLUFF ROAD, S., STE. #301	Address	3545 ST. JOHNS BLUFF ROAD, S., STE. #301	
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224	
Title	D/S	Title	D/T	
Name	ALLEN, BRUCE	Name	HAAS, RANDALL	
Address	3545 ST. JOHNS BLUFF ROAD, S., STE. #301	Address	3545 ST. JOHNS BLUFF ROAD, S., STE. #301	
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224	

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.

### FEI Number: 02-0767792

# Name and Address of Current Registered Agent:

FRICK, KENNETH E 11555 CENTRAL PARKWAY STE. #404

JACKSONVILLE, FL 32224 US

**Current Mailing Address:** 

#301 JACKSONVILLE, FL 32224 US

3545 ST. JOHNS BLUFF ROAD, SO.

### DOCUMENT# N05000011048

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

11481 OLD ST AUGUSTINE ROAD

STE. #104 JACKSONVILLE, FL 32258

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

Certificate of Status Desired: No

### FILED Jan 24, 2015 Secretary of State CC1796007676