

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011048

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC2989822488**

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

**Current Principal Place of Business:**

11481 OLD ST AUGUSTINE ROAD  
104  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

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

**FEI Number: 02-0767792**

**Certificate of Status Desired: No**

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

BREITBART, JERRE  
3545 ST. JOHNS BLUFF ROAD, S.  
STE. #301  
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 P/D  
Name CENTRELLA, JASON  
Address 3545 ST. JOHNS BLUFF ROAD, S.,  
STE. #301  
City-State-Zip: JACKSONVILLE FL 32224

Title P/VP  
Name GILES, RICK  
Address 3545 ST. JOHNS BLUFF ROAD, S.,  
STE. #301  
City-State-Zip: JACKSONVILLE FL 32224

Title D/S  
Name ALLEN, BRUCE  
Address 3545 ST. JOHNS BLUFF ROAD, S.,  
STE. #301  
City-State-Zip: JACKSONVILLE FL 32224

Title D/T  
Name HAAS, RANDALL  
Address 3545 ST. JOHNS BLUFF ROAD, S.,  
STE. #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: D/P JASON CENTRELLA**

**PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date