

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008872

Entity Name: ASHLEY OAKS OF ST. JOHNS COUNTY HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 13, 2024
Secretary of State
7871362472CC

Current Principal Place of Business:

112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084

Current Mailing Address:

P.O BOX 1389
ST. AUGUSTINE, FL 32085 US

FEI Number: 26-0884728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TARASENKO, SHANTEL
112 N. PONCE DE LEON BLVD
UNIT C
ST. AUGUSTINE, FL 32084 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: SHANTEL TARASENKO

03/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CALIFANO , THOMAS
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title TREASURER
Name JACKSON , GERALD
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title VP
Name KIDDER, ERIN
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title DIRECTOR
Name DICKSON, JACK
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title SECRETARY
Name FOGLE, STEPHEN
Address P.O BOX 1389
City-State-Zip: ST. AUGUSTINE FL 32085

Title REGISTERED AGENT
Name TARASENKO, SHANTEL
Address PO BOX 1389
City-State-Zip: ST AUGUSTINE FL 32085

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: SHANTEL TARASENKO

REGISTERED AGENT

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date