#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008872

Entity Name: ASHLEY OAKS OF ST. JOHNS COUNTY HOMEOWNERS

ASSOCIATION, INC.

Apr 13, 2022 **Secretary of State** 0779042398CC

**FILED** 

# **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:

RAULERSON, JANEEN 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: JANEEN RAULERSON 04/13/2022

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name SZCZEPANIK, STEPHEN Name POTTER, JANICE Address P.O BOX 1389 Address P.O BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip: ST. AUGUSTINE FL 32085

Title **AGENT** Title VΡ

RAULERSON, JANEEN Name Name GRAHAM, SCOTT

112 N. PONCE DE LEON BLVD Address Address P.O BOX 1389

**UNIT C** ST. AUGUSTINE FL 32085

City-State-Zip: ST. AUGUSTINE FL 32085 City-State-Zip:

Title **DIRECTOR** Title SECRETARY

Name DICKSON, JACK Name AMMONS, CARRIE Address P.O BOX 1389 Address P.O BOX 1389

City-State-Zip: ST. AUGUSTINE FL 32085 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: STEPHEN SZCZEPANIK

**PRESIDENT** 

04/13/2022