

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008394

**Entity Name:** OAKS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC1959281448**

**Current Principal Place of Business:**

625 MAIN STREET, SUITE 20  
WINDERMERE, FL 34786

**Current Mailing Address:**

PO BOX 730  
WINDERMERE, FL 34786

**FEI Number: 27-4099221**

**Certificate of Status Desired: No**

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

HUBER, DONALD M  
625 MAIN STREET, SUITE 20  
WINDERMERE, FL 34786 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 DP  
Name HUBER, DONALD M  
Address 625 MAIN STREET, SUITE 20  
City-State-Zip: WINDERMERE FL 34786

Title DVST  
Name INCLAN, GARY B  
Address 905 FAIRHOPE LN  
City-State-Zip: THE VILLAGES FL 32162

Title D  
Name INCLAN, GARY BJR  
Address 905 FAIRHOPE LN  
City-State-Zip: THE VILLAGES FL 32162

*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: GARY B. INCLAN

DIRECTOR

01/10/2014

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

\_\_\_\_\_ Date