

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006811

**Entity Name:** OAKRIDGE LANDING PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3832-10 BAYMEADOWS RD.  
353  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3832-10 BAYMEADOWS RD.  
353  
JACKSONVILLE, FL 32217 US

**FEI Number:** 46-0582656

**Certificate of Status Desired:** No

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

TOWERS, LAWRENCE R  
3832-10 BAYMEADOWS RD.  
353  
JACKSONVILLE, FL 32217 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 D  
Name TOWERS, LAWRENCE R  
Address 3832-10 BAYMEADOWS RD.  
353  
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR  
Name FOREMAN, DANIELLE  
Address 3832-10 BAYMEADOWS RD.  
353  
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR  
Name CROZIER, SAMUEL  
Address 3832-10 BAYMEADOWS RD.  
353  
City-State-Zip: JACKSONVILLE FL 32217

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:** LAWRENCE R TOWERS

**DIRECTOR**

**04/06/2016**

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

\_\_\_\_\_  
Date