

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

DOCUMENT# N12000010077

**Entity Name:** WILLOWBROOK AT OAKLEAF PLANTATION HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC5328493065**

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE S  
SUITE 610  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216 US

**FEI Number: 46-2282648**

**Certificate of Status Desired: No**

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

KATZMAN GARFNKEL, P.A.  
5297 WEST COPANS ROAD  
MARGATE, FL 33063 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 PD  
Name REESE, CHRIS  
Address 6620 SOUTHPOINT DRIVE S  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title VD  
Name NELSON, CLIFF  
Address 6620 SOUTHPOINT DR S  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

Title STD  
Name HILL, CHRIS  
Address 6620 SOUTHPOINT DRIVE S  
SUITE 610  
City-State-Zip: JACKSONVILLE FL 32216

*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: CHRIS HILL**

**DIRECTOR**

**01/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date